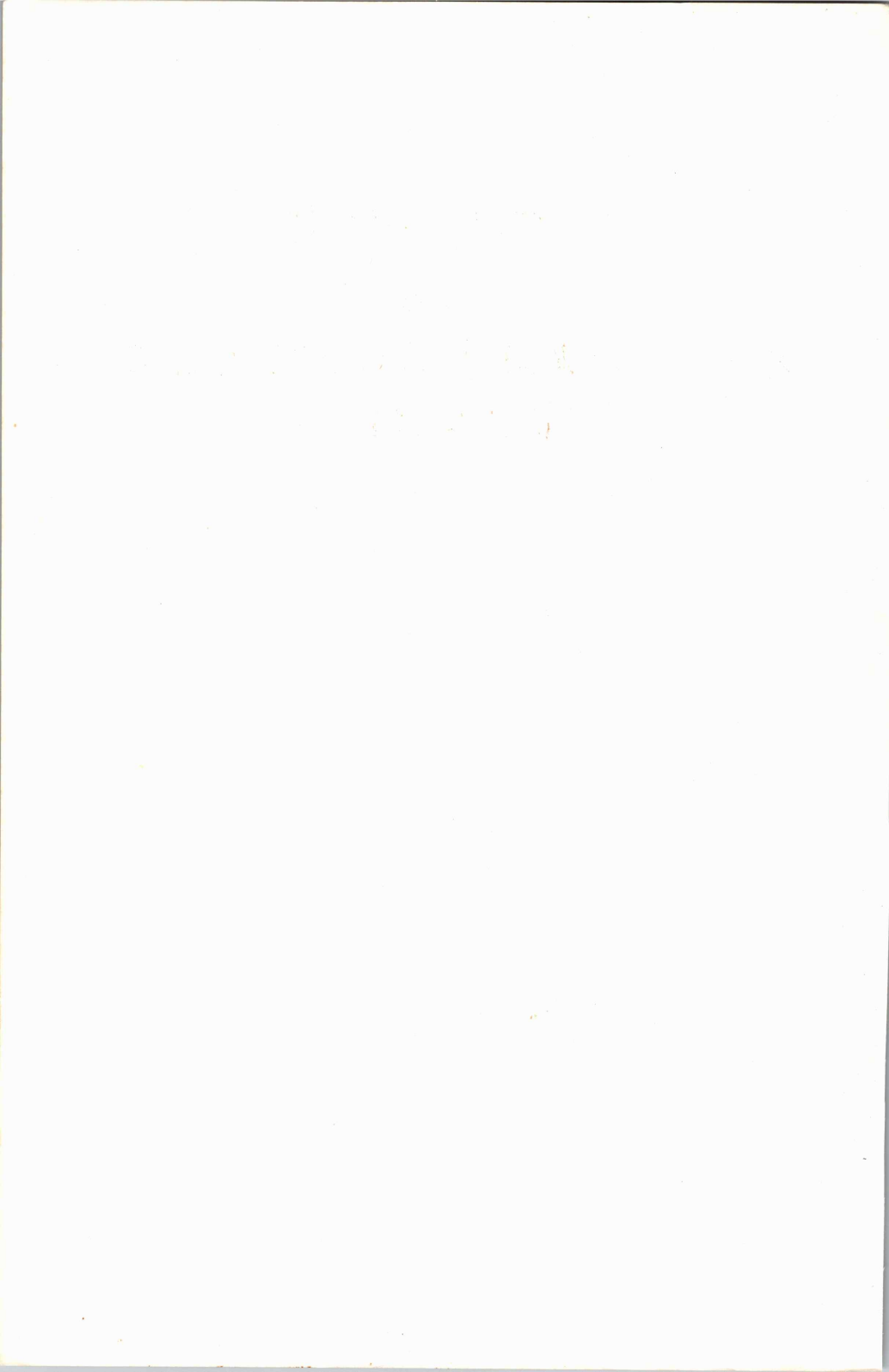
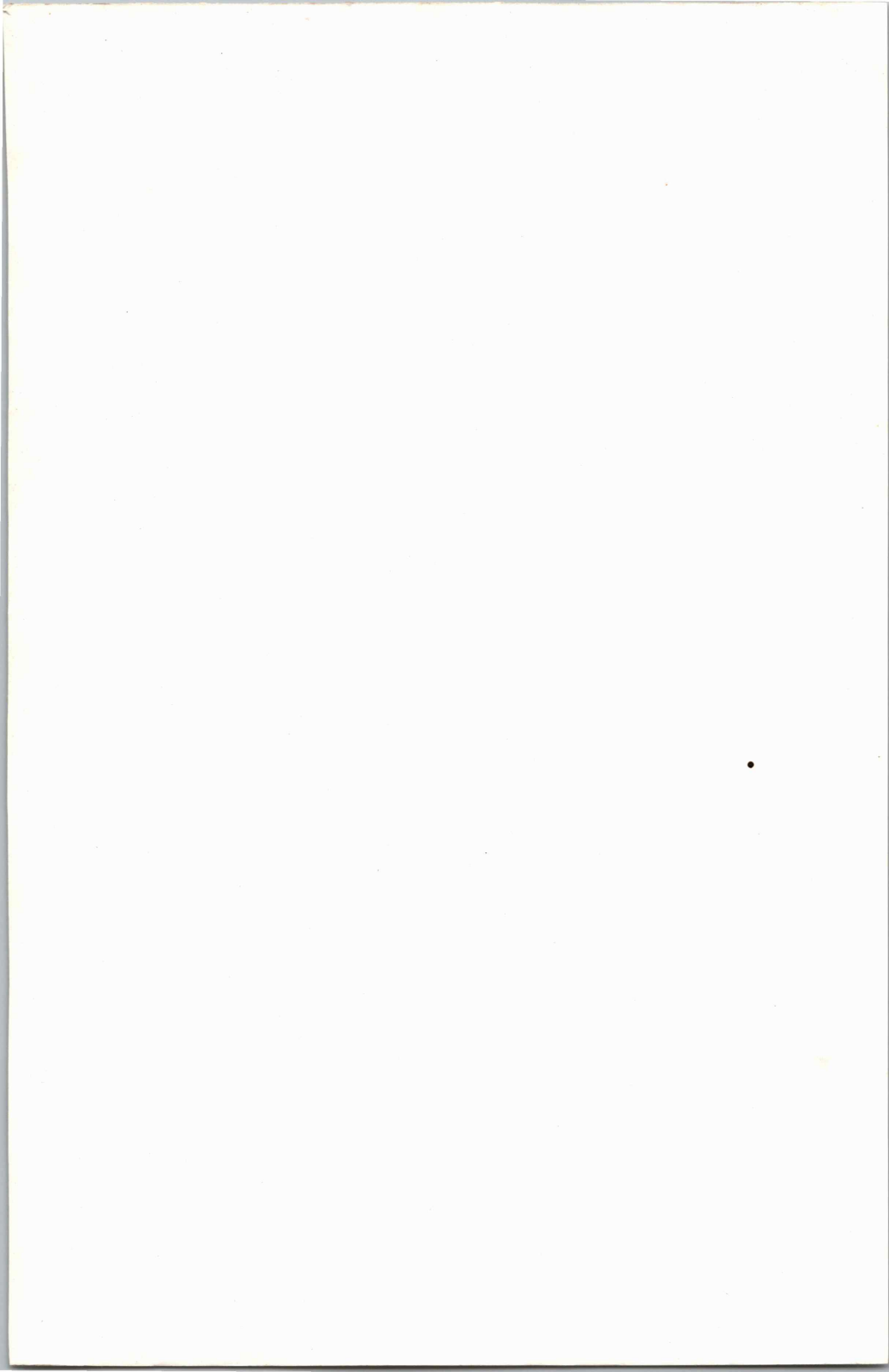
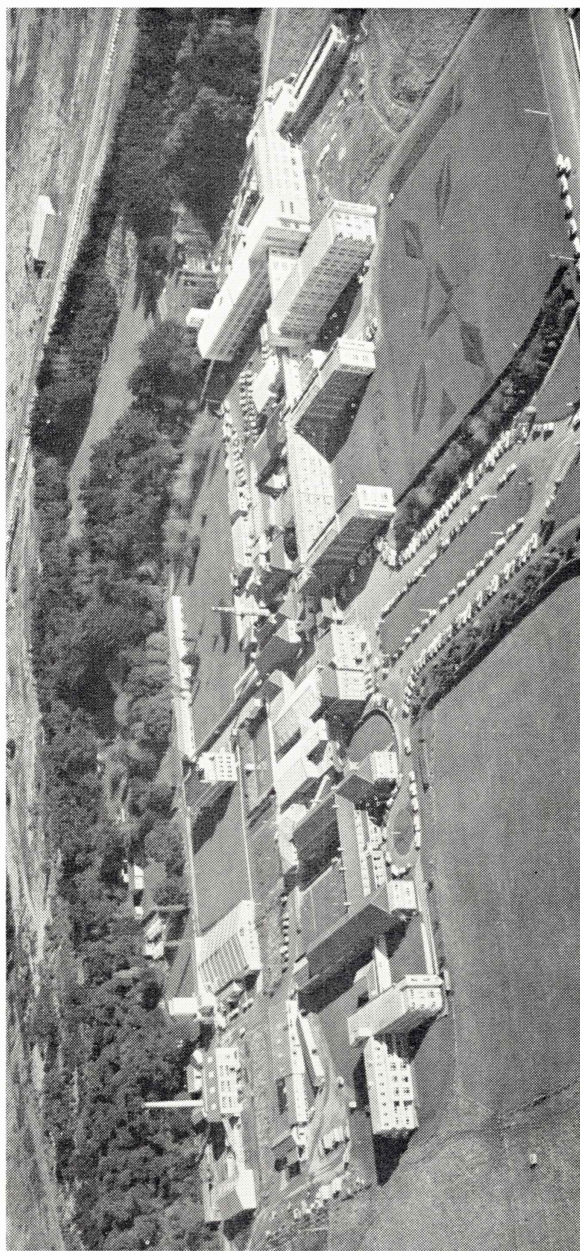


HISTORY of the SOUTHLAND HOSPITALS AND BOARDS

1861 ————— 1968







A comparison between this recent aerial photograph of Kew Hospital and the photograph of Dee Street Hospital as it was more than 80 years ago, provides evidence, not only of the growth of Invercargill, but also of the increasing complexity of hospital services. To the extreme right is the clinical services block nearing completion. It provides for four operating theatres, X-ray, pathology, pharmaceutical facilities, a central sterile supply, casualty, audiology and ophthalmic departments. The nurses' home (151 beds) is on the extreme left. The administrative block is between the nurses' home and the hospital proper with its three wings, the most recent being the four-floor western wing. The oldest of the buildings is the long low structure in front of the trees and well to the rear of the hospital proper. This was once used for fever and Tb patients. It is proposed to have it renovated to provide 22 beds for old people. The hospital will continue to grow. Among additions planned is a maternity unit to replace Dee Street as a maternity hospital. When that day comes Dee Street Hospital, with all its historic associations going back to the early days of Invercargill, may well disappear.

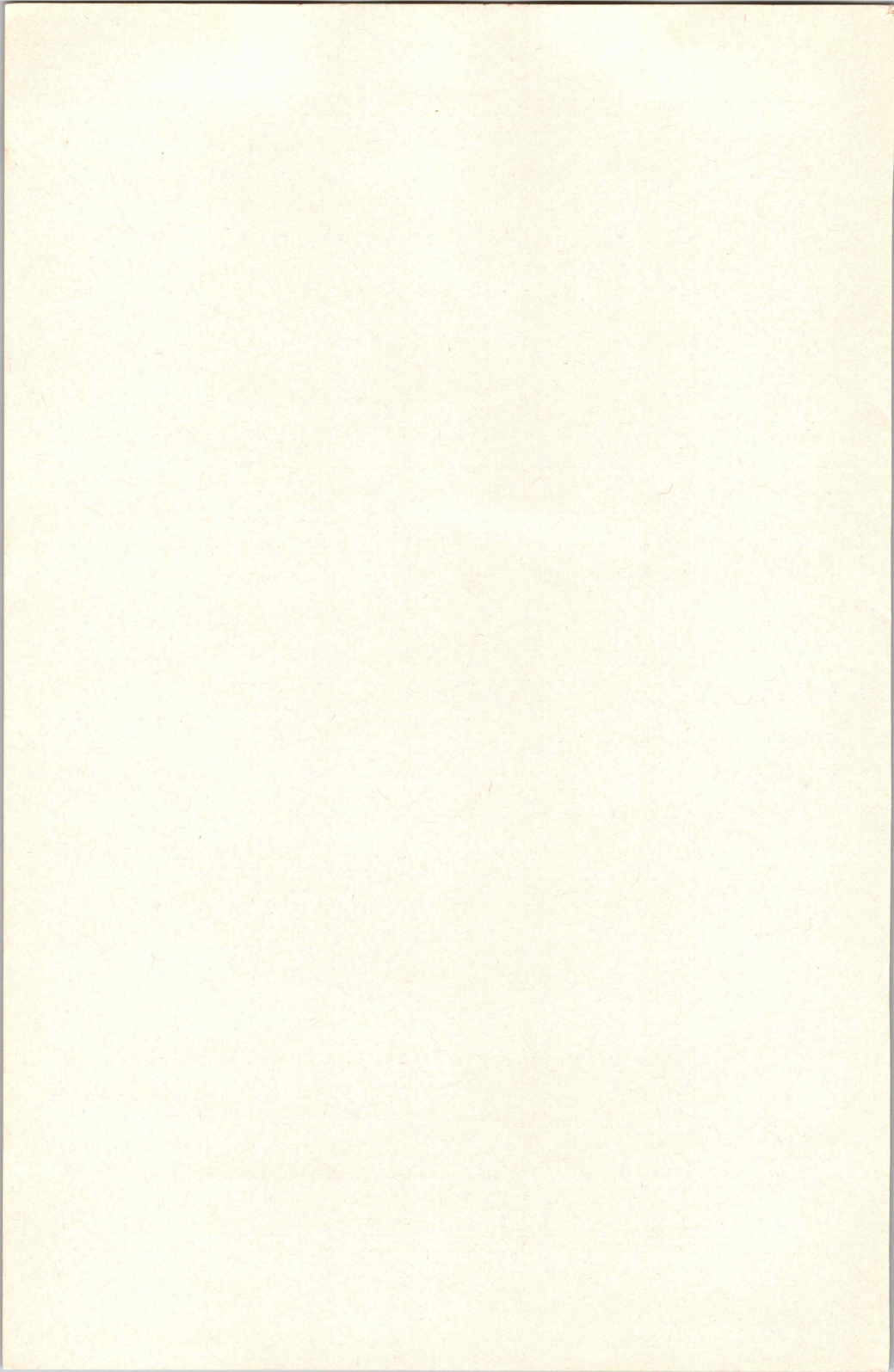


HISTORY
of the
SOUTHLAND HOSPITALS
AND BOARD



1861

 1968



Foreword . . .

WITHIN these pages lies the history of the hospital establishment in Southland.

Although our province has encountered numerous difficulties during her development the persistent spirit of her pioneers has remained all-conquering.

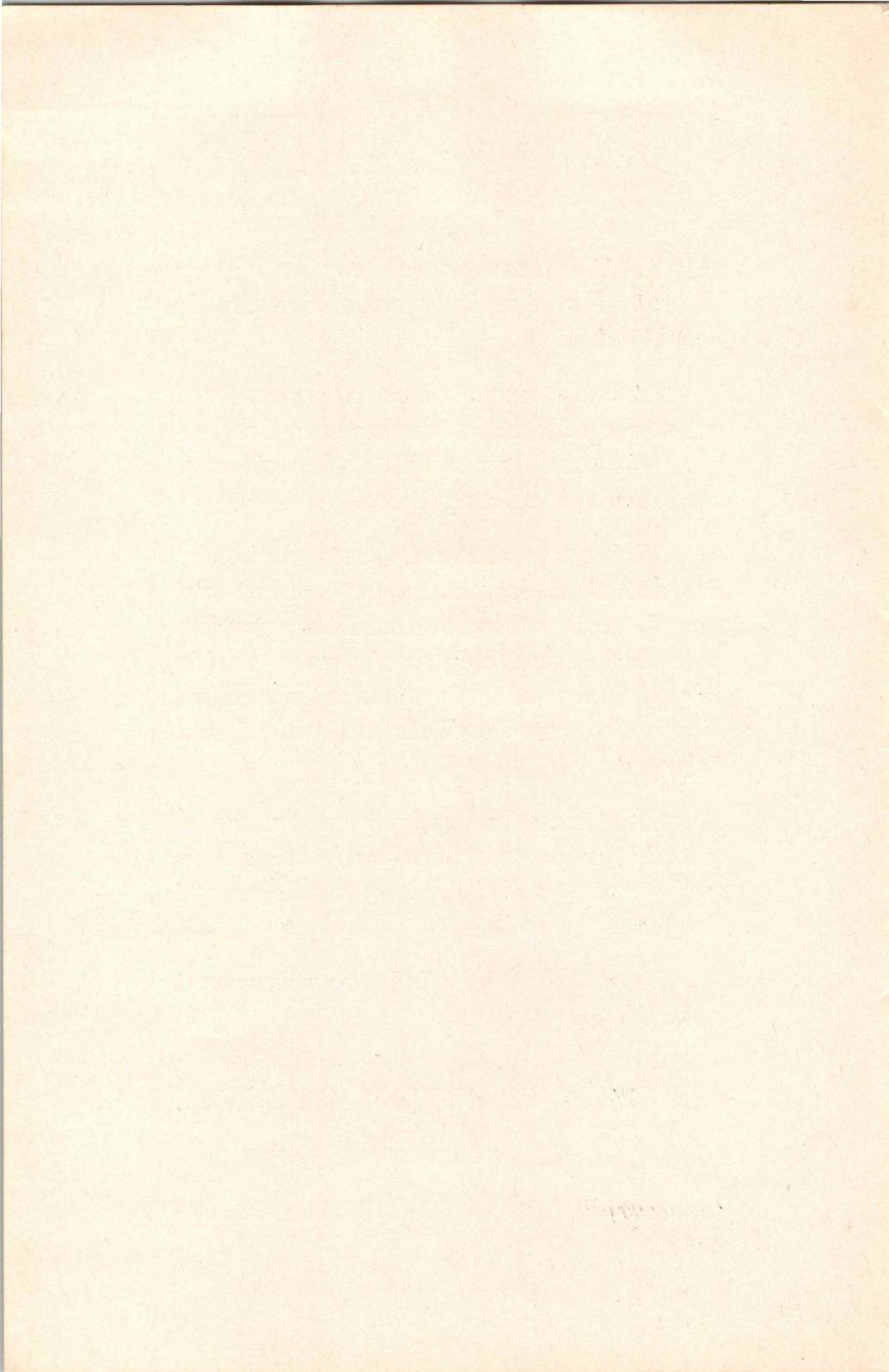
Through epidemics, emergencies of fire and flood, legislation that waxed and waned, comprehensive medical services have been steadfastly maintained within our province and, in step with medical discoveries, our hospitals modernised and enlarged.

This may be truly regarded as a record of achievement in the administration of the closely allied fields of medicine and finance.

From small beginnings to undiscovered ends.

W. M. GRANTHAM, O.B.E., J.P.,
Chairman.

*Invercargill,
1968.*



Brief Statistics

HOSPITAL BEDS

Kew Hospital	280	Queenstown Maternity ..	5
Lorne Hospital	85	Lumsden Maternity	8
Gore Hospital (90 general, 23 maternity)	113	Wyndham Maternity	8
Riverton Hospital	86	Tokanui Maternity	4
Lake County Hospital ..	17	During 1968, the Nightcaps Maternity Home property was sold, and the Riverton Maternity Hospital temporarily closed as a Maternity Hospital. This Hos- pital is now being used for Geriatric patients.	
Dee Street Maternity ..	50		
Winton Maternity	12		
Tuatapere Maternity ..	8		
Nithdale Maternity	6		
Bluff Maternity	5		
Otautau Maternity	5		

STAFF ACCOMMODATION

Kew Hospital:

Nurses' Home	171 beds
Domestic Home	13 beds
Male Quarters	36 beds
Staff Houses	10

Gore Hospital:

Nurses' Home	74 beds
Domestic Home	13 beds
Male Quarters	9 beds
Staff Houses	4

Lorne Hospital:

Nurses' Home	21 beds
Male Quarters	12 beds
Female Quarters	12 beds
Staff Houses	7

Riverton Hospital:

Nurses' Home	26 beds
Male Quarters	3 beds

Dee Street Maternity Hospital:

Nurses' Home	49 beds
Domestic Home	6 beds

Lake County Hospital:

Nurses' Home	12
	1 Cottage

Maternity Homes:

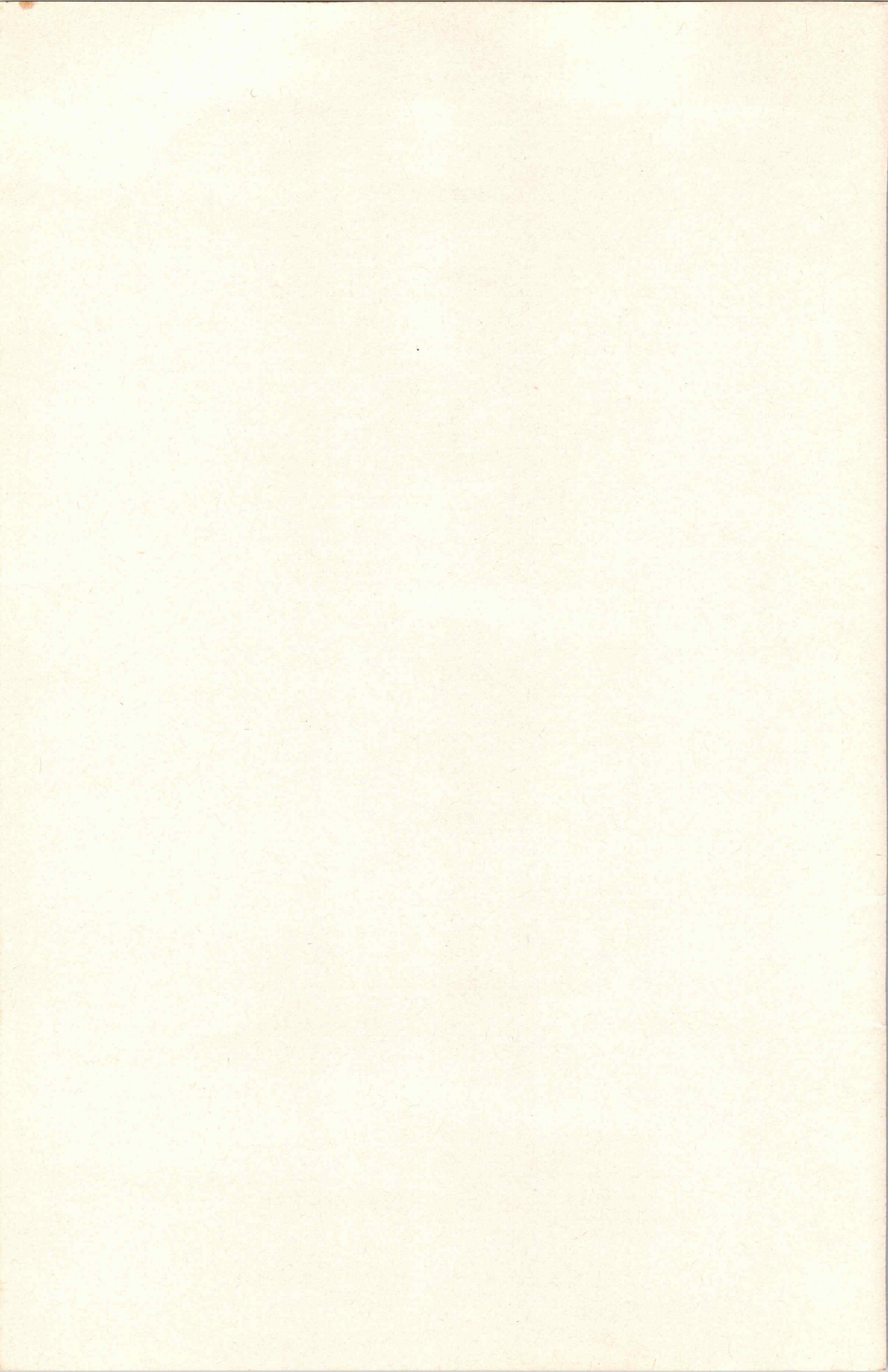
Bluff	3 beds
Nithdale	3 beds
Otautau	4 beds
Tuatapere	7 beds
Wyndham	6 beds
Tokanui	4 beds
Queenstown	5 beds
Winton	9 beds
Lumsden	7 beds

CHAIRMEN OF THE BOARD

Under the Hospitals and Charitable Institutions Act, 1885	
1885 to 1889—J. W. Bain.	1895-1897—David Roche.
1890-1891—Alfred Baldey.	1898-1908—Andrew Bain.
1892—David Roche.	1909—John MacGibbon.
1893-1894—W. H. Hall.	1910—David Roche.

Under Act of 1909

1910-1917—A. F. Hawke.	1932-1954—T. Golden.
1917-1922—James Fleming.	1954-1966—J. A. Cushen.
1922-1932—John Matheson.	1966—M. W. Grantham.
Part of 1932—Horace E. Niven.	



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DECIMAL CURRENCY

New Zealand changed to decimal currency in July, 1967, but for historical accuracy the sums of money mentioned in this book are given in pounds, shillings and pence. Readers, who so desire, may readily convert them into decimal currency by remembering that one pound (£) equals two dollars. Therefore, ten shillings (10/-) equals one dollar, one shilling (1/-) equals 10 cents and sixpence (6d) equals 5 cents. Other pence equivalents are: 11d 9c, 10d and 9d 8c, 8d 7c, 7d 6c, 5d 4c, 4d 3c, 3d and 2d 2c and 1d 1c.

In The Beginning

ONE OF THE FIRST provisions for the public made by the Southland Provincial Council, after it came into being in 1861, was a hospital. The provincial surgeon, Dr. W. G. McClure, gave these statistics for 1861-62: Admitted to hospital 27, discharged 22, died 2, remaining in hospital 3, out-patients 7. All the patients were males.

In his report Dr. McClure suggested that, except for accident cases, there was not much need for a hospital. Invercargill, in his view, was a very healthy place. He wrote: "The climate is very similar to that of the south of England and may be said to be essentially that of Devonshire, milder as regards the fall of mercury in the thermometer. The cold is felt, perhaps, more keenly owing to the unpaved streets, insufficient houses and strong winds."

He admitted that the weather was not always the most agreeable, but it was singularly healthy, more particularly in the face of "the large extent of swamp on the banks of the estuary in the immediate vicinity of Invercargill, the constant exposure to the cold and wet to which all classes, not excepting the most tender, are subjected, and the draughty, insufficient houses."

In the circumstances the doctor thought "the entire absence of anything approaching to an epidemic or febrile disease is remarkable. The paucity of population no doubt accounts in some measure for this, but I am inclined to look upon the prevalence of strong breezes as the great sanitary agent. For anyone suffering from pulmonary affections the climate is unsuitable, but to anyone having the seeds of such disease undeveloped in any way the climate might be of use in bracing the system and ultimately prevent its ever breaking out. But for all others, and more particularly for children, it is undoubtedly most healthy."

When the population of Invercargill increased as a result of the Wakatipu gold boom, sickness became more prevalent. This was attributed to "the fouling of the wells" from household drainage. The people of Invercargill were very critical of "the quality of the water, tea and coffee they drink."

The accommodation in the first hospital was quite inadequate. In his address at the opening of a session of the Provincial Council on October 10, 1863, the Superintendent, Dr Menzies, said: "The new hospital (Dee Street) is now ready and in a few days will be open for the reception of the sick. The report of the provincial surgeon shows that the amount of sickness during the past winter has been considerable; the accommodation at his command hitherto has been so very limited and inconvenient that only a part of the applicants could be received. It was painful to turn from the door many who, under other circumstances, should have obtained hospital treatment."

The first hospital was an unsatisfactory building. In referring to complaints about the management of the hospital, The Southland News said on July 11, 1863, that they had "arisen from the want of necessary accommodation in the place at present occupied as a hospital." This temporary hospital was in the Crescent.

"We are quite aware that the new building, destined for a proper hospital, has been delayed," The News said. "We are glad to see that it is now approaching completion. . . . We trust that this department may be put on a proper footing, and that we shall hear no more complaints about its management." (A vain hope, if ever there was one).

In a leading article, "Hospitals", published in The News of September 26, 1863, the editor said: "We feel a greater pride in the contemplation of the plain brick-built infirmary, which occupies a somewhat retired, yet healthful, position in our town, than we could in the most finished work of human endeavour."

The site in Dee Street was set aside for hospital purposes by the Southland Provincial Council in 1863. It occupies the junction of the north and west town belts. When he laid out Invercargill, J. T. Thomson provided for a green belt on each side of the town, but the west belt did not remain as such. The Provincial Council took much of it for the railway, and later the Borough Council acquired its share for the gasworks and other purposes.

An article in The Southland News of May 13, 1863, referring to town reserves taken by the Provincial Council for other purposes, said: "There is ample land beyond the town belt from which satisfactory exchange can be made." (Queen's Park is said to occupy land given in compensation).

In the early days the hospital was one of the few brick buildings in Invercargill. This was a source of satisfaction to the editor of The News, who wrote on July 8, 1864: "We may congratulate ourselves under circumstances of constant exposure to fire in those wooden towns, that the general hospital in Invercargill is one of the few buildings constructed of more substantial material. . . . There is something horrible in the idea of a wooden hospital of two or three stories in height, with wards filled with the sick and the helpless."

A few days later The News called attention to a less satisfactory fact, "the most disgraceful state of the approaches to the hospital." It said: "From the grating at the end of Dee Street, or from the North Road, persons having business in the hospital have to pass through mud, some two or three inches thick. The necessity for a good pathway from the street to the building is apparent, and we hope that the authorities will cause the repairs to be executed as speedily as possible."

Next, The News suggested that the hospital grounds might well be improved and beautified. In August, 1864, a number of men were employed by the Provincial Council at the hospital, cutting and splitting wood and digging the grounds. They were on relief work for they had been recommended by the Benevolent Institution. The News suggested that their work might be extended to tidying and beautifying the grounds. If this was done "keeping the grounds in order would provide agreeable and healthful recreation for convalescents." The News also considered that it was "very desirable that convalescent patients should be surrounded by agreeable and cheering associations. There is no more powerful instrument of cure."

Trees and shrubs were planted. The central plot in front of the hospital was sown with clover and English grasses, and its borders planted with ornamental shrubs. A well was sunk in the hospital grounds.

A lack in 1864 was a suitable place for housing the insane. They were lodged in the gaol, perhaps because it was thought that any insane person might become dangerous. At that time it was not so long since the treatment of the insane had been barbarous. Now a more humane and enlightened attitude was developing. In commenting on the case of a man, who had been held in gaol because he was insane, *The News* said: "We trust that some steps will at once be taken by the authorities . . . so that lunacy may not be treated as a crime."

A letter from a correspondent in *The News* of September 5, 1864, said that an insane person had been committed to the old gaol in Esk Street, "a wretched building in a dilapidated condition." The correspondent asked: "Why should not a lunatic ward be erected at the hospital where the patients would have the advantage of constant medical skill and humane treatment?"

The editor added this footnote: "Our correspondent's suggestion has been made before — many times and long ago."

In June, 1866, the Government decided to remove the lunatics from the gaol to the hospital. *The Southland Times* commented: "This course should have been adopted long ago. It would have been the means, in a great measure, of preventing the popular outcry against the management of the gaol and the hospital. With the object of learning the treatment the lunatics receive in the asylum in Dunedin, Dr F. A. Monckton, the provincial surgeon, proceeds to Otago by the next steamer."

This appeared in *The Invercargill Times* (forerunner of *The Southland Times*) on January 16, 1863:—

"There is about sufficient room in the provincial gaol for the janitor to live, move and have his being. We would suggest that some accommodation should also be afforded to those who set the majesty of the law at defiance. Badly ventilated, insecurely built and quite inadequate to the requirements of the province, it is quite time some change was made for the better in this most necessary of Government buildings." The building was about where the State Fire office now stands.

The provincial budget for the eight months ended September 30, 1864, gave these figures of estimated expenditure for the hospital: Rations and medicine £1200, provincial surgeon at the rate of £300 a year, resident surgeon at £200 a year, dispenser £150, wardsman (with rations) £100, porter £80, matron £75, fees for vaccinator £100, total £2088.

It is noteworthy that the porter received more than the matron, but matrons then were not the highly trained and qualified nurses they are today. It was possible for them to have had no training. What they knew about nursing they had learnt by a process of trial and error, with patients as guinea pigs.

Vaccination against smallpox was one of the few extra services provided by hospitals at that time. In June, 1866, it was announced that the time fixed for public vaccination at the Southland Hospital was every Monday between 11 a.m. and noon. Parents were told it was an important part of their duty to have their children vaccinated. If they failed to do so, they were liable to be fined.

In September, 1864, there were 23 patients in the hospital, 19 males and four females. In order to accommodate the women, a storeroom had been turned into a female ward, and a large tent for stores had been put up at the back of the hospital. Preponderance of male patients was a feature of hospital returns for many years.

Almost from the beginning the management of the Dee Street Hospital came in for criticism. It left much to be desired. Or, so at least The Southland Times thought. It objected to Government control. In its issue of May 16, 1864, The Times said: "One of the most gigantic blunders ever committed in colonisation has been the establishment by Government of institutions of this class. It has been the means of creating much discontent in the public mind, and in many cases suffering and misery to the unfortunate. The post of Government surgeon is no honour or of great emolument, and but few, who have higher aims than to slide into comfortable quarters with a fair salary and perquisites, with a Holloway's cintrment and bread pill professional career, would care to seek it. Experience proves that wherever such institutions have been established they have been prolific of abuse and public condemnation. . . . A Government surgeonsip has no honour attached to it, and too frequently is given to the indolent, if not uninformed and unambitious, practitioner. The system of Government hospitals as adopted in many Provinces of New Zealand, is bad in principle. It has a detrimental influence on the public mind. It tends to destroy that benevolent and self-reliant feeling which has ennobled the character of the British, it warps the best desires of the disposition, and tends to a despicable dependence upon the Government for aid to the sick and afflicted, which the generous instincts, when cultivated, invariably awards. It is, therefore, a matter for regret that the attempt to render the Invercargill Hospital really a public institution has not been more warmly taken up than it appears to have been."

This expresses what may be called the popular opinion of the day in regard to hospitals: People who required hospital treatment should pay for it if they were able; if unable to do so, they must depend on the charity of the benevolent. There was general opposition to the idea that taxpayers should be taxed or ratepayers rated for the total support of hospitals. This opposition took a long time to overcome, and, until it was, the development of hospitals in New Zealand was hampered by lack of money.

In October, 1864, a letter from "Citizen", addressed to W. F. Tarlton, provincial treasurer, said the surgeon at the Provincial Hospital had been given a salary of £250 a year, plus house and rations, provided he devoted his whole time to the hospital and did not have a private practice. "Citizen" alleged that the house surgeon had broken this rule, which was necessary to ensure that skilled help was always on hand. The hospital had 24 beds. "Citizen" also alleged that medicine from the hospital dispensary had been given to people who were not entitled to it, because they were not paupers. He asked for an enquiry into the management of the hospital.

Towards the end of 1864 a committee held an enquiry. It recommended that the hospital should come under what was known as public management, and not remain under Government control. In

practice, public management was control by a committee elected by the subscribers to the funds of a hospital. The committee of enquiry estimated that subscriptions would be of such an amount that all that would be required from the Provincial Government would be a subsidy, equal to half what the hospital was costing the Government under its own control.

The committee also recommended that "as the gaol and lunatic asylum are not necessarily connected with the hospital and are not generally regarded as public, but as provincial institutions, a provincial surgeon be appointed to act as medical officer to these institutions"; also that "the office of resident surgeon to the hospital be dispensed with for the present, and that honorary medical officers be appointed until the future management of the hospital be decided on."

The Southland superintendent, J. P. Taylor, told the secretary of the committee of enquiry, H. Law, in a letter, that the first essential in running a hospital was money. The committee's appeal for funds had brought no response, and, unless permanent subscriptions were assured, he did not think the Government could divest itself of responsibility for the hospital, other than providing an annual subsidy.

This reply had been long delayed, and Law, in a letter to the superintendent, retorted that the management of the hospital was so unsatisfactory that few would subscribe to its funds unless there was a prospect of the management being altered. The Government had taken so long to reply that it was assumed that it did not intend to act on the committee's recommendations. Some contributions had been returned to the donors, and other contributions, with the consent of the donors, had been given to other charities.

So the hospital remained under Government control. Another enquiry was held in November, 1865. The hospital had a staff of six — resident surgeon, steward, wardsman, assistant wardsman, cook and a female domestic servant. The direct care of the patients was thus entrusted to men. When the committee of enquiry visited the hospital indoor patients numbered nine. The average number over a year was about 12. The average number of outdoor patients was six. Annual cost was about £1,200, exclusive of allowance for interest on the cost of the building, and of charges for medicine and clothing, stocks of which had been bought and paid for when the hospital was first established.

The surgeon received £100 a year (it is assumed he had the right of private practice), the steward £75, wardsman £50, assistant £13, cook £40. All had board and lodging in addition, and this in total was reckoned at £500, giving a grand total of £778.

The committee found nothing "in the shape of mismanagement". It thought the expenditure too large but found difficulty in suggesting a remedy that would not interfere with the efficiency of the hospital.

Towards the end of 1866 The Southland Times returned to its advocacy of public control, but its tone was somewhat more conciliatory towards the Government. "We must not be taken as censuring the Government for what hitherto it could not well avoid — keeping control in its own hands, for we are aware that the depressed condition of the

province precluded any other course; but we do say that the time has arrived when a thorough investigation should be made into the affairs of the hospital, and some measures adopted that will tend to make this most necessary institution both popular and the medium of effecting great good, instead of as at present a source of constant complaint such as deter all benevolently disposed people from in any way aiding it."

Some of the complaints were ventilated in the newspapers. The resident surgeon, Dr Monckton, came under attack. His reply, in an illuminating flash, shows the shoe string staff with which the hospital was being run at that time: "Having for some months had only a cook and a small boy as a staff, the billet has not been a sinecure." Presumably because of the precarious state of the provincial finances, there had been a heavy reduction in the size of the staff.

What kind of place was this hospital about which so much controversy raged. Here is a description written in September, 1866:

"It is a sombre looking edifice, an antedeluvian conglomeration of architectural stupidity — still, its internal arrangements are as complete as could possibly have been expected. . . . The entrance to the hospital is through a folding gate in close proximity to which is a lodge containing two apartments, and is, perhaps, the most elegant of all the buildings. The building is apportioned to the use of the head nurse whose husband, although not connected with the establishment, is permitted to occupy it at night, and the insane female patient . . . is also here accommodated. The main building . . . is commodious and well arranged. On the ground floor there is the surgery, male ward for 10 patients, bathroom, storeroom, kitchen and washhouse. On the second storey is the resident surgeon's apartment, the female ward, also containing 10 beds and other necessary accommodation. In addition to this is a fever ward detached . . . it is constructed of iron, but by a novel arrangement of a double roof, one of canvas a foot below the iron roof, a continuous current of air is secured and the temperature of the room can be regulated at will. The insane patients' ward is a considerable distance from the main building. It is constructed of iron and at first sight presents an iron pot appearance, that suggests the idea of a slow roasting oven, but, on entering it, it was found to be cool and comfortable, the ventilation being most complete. The large room was airy and had a far from dismal outlook, and the sleeping berths, though small, well apportioned. Had it not been for the grim looking locks, the dismal bolts and ponderous window bars, we would not have deemed it a punishment to be caged there for the night. In short, the hospital is an institution of which any province might be proud; and, understand, it has been of small cost to the public from the time the building was erected. The grounds, which are extensive, are being brought under refined cultivation, all, with the occasional assistance of prison labour, executed by the patients, the insane inmates of the establishment doing the lion's share of the work."

The writer of the article says that Dr. Monckton had proved his capacity for the office he held by earning the affection of his patients, and conducting the establishment at the smallest possible cost. The tone of the article contradicts the criticism that had been levelled at the hospital and its management.

The writer gives a vivid description of the surgery, "a fine commodious room on the ground floor in which we saw a regiment of bottles, containing every conceivable drug from brimstone and treacle to croton oil, while the walls were plentifully decorated with knives, saw and all appliances requisite for the clipping of a limb at the shortest notice."

In The Southland Times of August 15, 1866, there is a table showing the prices tendered for the supply of groceries to the hospital. The prices of the tender that was accepted and those of four not accepted are given in parallel columns. The table was taken from the Government Gazette of August 13, and was republished because The Times thought it would be of interest to the general public. No doubt it was, but the unsuccessful tenderers might not have been over-pleased. The successful tenderers were Ehensteen and Hall and their prices were (per lb unless otherwise stated): Tea, best 3/-, sugar, white 6½d, brown 5½d, coffee 1/6, cocoa 2/-, flour 3d, rice 4d, sago 6d, peas 3d, arrowroot 1/-, pepper 1/3, salt 10/- per cwt., currants 10d, butter, salt 2/6, fresh 3/-, soap 47/- per cwt., candles 1/6, soda 2½d, potatoes 10/- per cwt., barley 4d, eggs, fresh 2/- per dozen.

These rules, for the admission of patients and for the general management of the hospital, were drawn up by the Southland Provincial Council:—

1. Applications for admission, except in cases of emergency, must be made on Mondays and Thursdays between the hours of 10 a.m. and 12 noon.
2. None shall receive gratuitous medical aid unless they can produce satisfactory evidence of their inability to pay for medical advice.
3. The entertaining of all applications will rest with the medical staff, except when such applications are accompanied by an order from the superintendent (i.e., the superintendent of the province).
4. Patients for outdoor treatment are to apply at the hospital on Mondays and Thursdays, between the hours of 11 a.m. and 12 noon.
5. Cases of accident and emergency are admissible at all times.
6. Visitors are permitted to see their friends in the hospital on Mondays and Thursdays between the hours of 2 o'clock and 4 p.m.
7. Patients can be visited by their respective clergy daily between the hours of 2 o'clock and 4 p.m.
8. Seamen may be admitted provided masters of vessels, or others responsible for such payments, shall deposit £5 with the resident surgeon and enter into an agreement to pay any sum over and above that amount which may be incurred for treatment, burial or other necessary expenses.
9. No articles of diet, intoxicating liquors, clothing or medicine are to be introduced into the hospital by the friends of patients or others, without the express sanction of the resident surgeon.

10. A breach of Rule 9 will result in denying admittance to such visitors or others committing the same, and, when circumstances permit, the instant dismissal of the patient for whose use they were intended.
11. In all cases of theft or drunkenness the resident surgeon is empowered to immediately dismiss the person offending, or hand the same over to the police.
12. Indoor patients, leaving the premises without a proper discharge, or the permission of the resident surgeon, will render themselves liable to re-admittance being refused.

Public Management

The opponents of Government control had their wish in 1867 when the hospital came under a committee of management. The committee said the object of the hospital was "to afford medical and surgical aid to poor casualties. But persons, who shall meet with casualties and shall be found able to pay for surgical aid, shall not receive further than temporary gratuitous assistance."

The first annual report of the committee was for the nine months ended December 31, 1867. The report said subscriptions had fallen greatly during the latter part of the year, "but the committee have been able to meet all claims against them without difficulty, and at the same time to effect considerable repairs and improvements in the establishment, the most important of these being in the culinary department by the introduction of an improved kitchen range, which also involved the erection of a new chimney. This apparatus, the committee are gratified to report, is a decided success, the unpleasant smell and unwholesome atmosphere that constantly pervaded the house under the old process of cooking is now entirely avoided, and another result is a great saving in the cost of the fuel which was also one of the largest items in hospital costs."

There had been a considerable reduction in the number of patients but this, the committee found, had not resulted in any considerable reduction in expenditure, mainly because "the present staff of servants (dispenser, cook and matron) are necessary to keep the establishment open, however small the number of patients may be."

The combined wages of the three "servants" was £120/4/- for the nine months. Doctors gave their services on an honorary basis, but they received "donations" amounting in all to £60. The committee said it was gratified it had been able to make these donations, a result of the satisfactory financial position.

The committee had made changes in the staffing. A resident surgeon was not employed but Dr Monckton's staff of "cook and small boy" had been expanded. The matron was presumably expected to do most of the nursing, though the dispenser and cook may have helped in emergencies.

Details about the hospital are written on the back of the report. These show that over three months—February, March and April of 1868—the average cost of treatment had been about £7 a patient. During the three months 33 patients were treated in hospital and total cost was £225/7/9 — a little under £7 a head.

The cost for nine months ended December 31, 1867 was £15 a head—50 patients, total cost £753/18/4. As already stated, there was a decline in the number of patients in 1867 and, relatively, there were far more in February, March and April, 1868, with the result that cost per patient was reduced by nearly half.

During 1869, 73 patients were admitted to the hospital and total expenditure was £807/6/10, which works out at £11 a patient. In that year 13 was the highest number of patients at one time and four the lowest. Total income was £733/4/6, public subscriptions were £358/4/6, Provincial Government subsidy £250, General Government subsidy £125, staff salaries came to £155/15/- and honoraria to doctors £120. Expenditure exceeded income by £74/2/4, but £400 was due from the Provincial Government which was supposed to pay £50 a month but was well in arrears. This is not surprising. The Provincial Government was heavily embarrassed with debts which eventually brought reunion with Otago.

In its report for the year the committee commented: "In the present unsatisfactory position of matters with respect to the Provincial Government subsidy, the committee feel it necessary specially to remark that the maintenance of the hospital in a state of efficiency will necessitate earnest and increased action on the part of the general public. The liberality hitherto evinced, the committee trusts, will be stimulated by this reference to its necessity."

During the year the hospital building had been repaired, cleaned and painted and the committee considered that the premises generally were "in a condition not to necessitate any material outlay during the coming year."

But the incoming committee had both the money and the desire for further improvements. It opened its report for 1870 by giving itself a pat on the back: "The committee, in presenting the usual annual report of their proceedings during the fourth year of the hospital's existence under the charge of a public committee of management, have the gratification to report the general success of their operations during the past year, pecuniary means at their command having been so ample as to enable them, not only to meet without stint all the claims of the necessitous sick which the hospital is designed to provide for, but, in addition, to effect very important improvements in the internal, as well as the external, structure of the hospital buildings and of the grounds attached, and withal . . . to conclude their term of office with a very respectable balance to the credit of the institution."

It is worth remarking, in passing, that a hospital authority in such affluent circumstances is a very rare bird indeed.

The report said the principal improvements to the buildings and grounds were:—"New waterworks including a large tank by which the rainfall is collected from the roofs and distributed to various parts of the establishment, and externally the north-east and south walls have been coated with Portland cement, the west wall having been done previously. A spacious verandah has been added to the front of the main building, and the dilapidated fence on the street line has been replaced by a neat and substantial picket one. The grounds attached to the hospital have been relaid out by a professional gardener, planted with trees of various kinds and surrounded by a hawthorn hedge, and the roadway has been reformed and gravelled. A considerable sum has been spent in replenishing the furnishings of the establishment."

In the Southland Times of September 21, 1870 there is this reference to improvements at the hospital:—"The Provincial Hospital has undergone

lately some alterations which add wonderfully to its appearance. The sombre aspect, erewhile borne by its flat brick front, has been relieved by a handsome verandah running the full length of the building. The grounds, under the direction of Mr Morton have been laid out somewhat more tastefully than formerly, and the gaol-like fence of six feet palings has been replaced by one of some design, which, when painted properly, will give a pleasant tone to the whole enclosure."

The committee realized that reports of apparent affluence might discourage public support. It, therefore, included this in its report:—"A considerable sum as a subsidy due by the late Provincial Government at the end of the year, has since been paid, and, although the committee has been placed in possession of ample funds for all present wants, they have not relaxed their efforts to collect general public subscriptions on behalf of the charity, especially as they are led to believe that the amount of Government aid will be dependent on the contributions made by the public."

"The late Provincial Government" was the Southland Government, which had gone out of existence following reunion with Otago.

Entertainers both amateur and professional were prepared to help to raise money for the hospital, but one may hope that most were more successful than those who staged an amateur dramatic entertainment in the town for this purpose in 1870. A statement of receipts and expenditure, presented to the hospital committee, "showed that takings scarcely covered expenses so that there was nothing to be received from that source."

An actor, J. L. Byers, offered to help with the proceeds from a lecture some Sunday evening on "Fallacies of Spiritualism." Two members of the committee thought the offer should not be entertained. Presumably this was not because of the subject, but because the lecture was to be held on a Sunday evening. A third member said he could see nothing wrong in going to hear a discourse on such a subject, "after listening to three-quarters of an hour of a dull sermon."

The report presented to the fifth annual meeting of subscribers in March 1872 said the number of in-patients at 78 had been unusually large. There were 238 out-patients. Rationing of inmates, including the staff, had cost a fraction under 1/- a head daily. The hospital, after considerable outlay, was in a thorough state of repair. Dr W. P. Grigor had been appointed house surgeon at a salary of £125, with right of private practice. Public subscriptions were £209/10/4, Provincial Government subsidy for 14 months £712, General Government subsidy for 18 months £75, total £1082/10/4, expenditure £755/4/2, deficit for 1870 £3/19/4, balance at end of 1871, £323/6/10; most patients in hospital at one time 13, fewest 3, average stay 37 days. Dr Grigor reported very favourably on "the general management and sanitary condition of the institution, due in great measure to your committee's careful supervision, and the very conscientious manner in which the resident officials have discharged their several duties."

The report referred to a problem that still concerns hospital administrators—the occupation of beds by people for whom little could be done, either because they had incurable diseases or because their only infirmity was that of old age.

The hospital was even busier the following year. In-patients numbered 100, 90 males and 10 females. The heavy proportion of males was partly because more males than females meet with accidents, and accident cases had increased because a beginning had been made on the building of what was known as the Mataura railway, now the Invercargill-Mataura section of the South Island main trunk line. Among the outpatients that year were almost as many females as males—163 to 176. Total of both classes of patients was 439.

An agent for John Brogden, the contractor who built the Mataura railway, told the hospital committee that it would receive a monthly contribution from the workers, and, in return, the hospital would be expected to provide treatment for any man who required it. The committee agreed, but after one contribution had been paid the arrangement was terminated, presumably by the workers. The committee, in reporting this to the annual meeting of subscribers, said it regretted this action, seeing that the increased number of patients in hospital was largely due to the influx of men for the railway works. Later Brogden's men contributed to the hospital out of a sick benefit fund, and contributions also came from a similar fund that the men at the Woodlands meat preserving works had established.

The extra calls on the services of the hospital came at a time when the committee was less well equipped, financially, to meet them. After the reunion of Southland with Otago in 1870, the hospital committee had to look to the Otago Provincial Government for subsidies. The committee ran into harder times, mainly, it was alleged, because the Otago Provincial Council did not provide a sufficiently large subsidy to keep pace with the growing needs of the hospital. The Dunedin hospital, it was said, was treated more generously.

At the time of reunion the management committee had a fairly healthy bank balance. In 1871 the Otago Provincial Government reduced its subsidy from £2 to £1 in the £ on money collected by the committee. In spite of this the committee managed along fairly well until a year or two later, when an increase in the population brought an increased demand on the facilities of the hospital and, therefore, an increased need for money. The population was swelled by people brought to New Zealand under the Vogel scheme of public works and immigration, which was designed to open up the country by the building of roads and railways. Assisted immigrants were the necessary labour force, and it was intended that, when they had opened up the country, they should settle in it and develop it.

The building of the railways from Winton to Kingston and from Invercargill to Mataura were the main public works near Invercargill at this period. The men employed on them looked to the Invercargill Hospital for any attention they might need because of accidents, or other causes.

Indeed, there was none other.

Thus a strain was imposed on the hospital's resources, finances and staff and the contributions of the workers through their sick funds were not sufficient to relieve the strain adequately.

In its report for 1874 the committee said that "many of the recipients of the benefits of the institution are of the recently-arrived immigrant class,

for whom it has been but reasonable to suppose that other provision than that of a purely local institution ought to have been made. It is, however, matter for thankfulness on the part of the committee that no necessity has arisen for refusal of admission to any case needing indoor treatment."

There was a feeling in Invercargill that the hospital should be handed over to the Otago Government to run. The Southland News counselled against this. It alleged that, when the hospital was run by the Southland Provincial Council, the patients had not been properly treated, presumably because it was no one's job to exercise supervision over the staff. This supervision had been given by members of the committee since the running of the hospital was entrusted to a committee of management, with a consequent benefit to the patients. Therefore, in the interests of the patients, the News urged that the committee system be retained.

The advice may have been sound but it did not produce money. Things came to a head towards the end of 1874 following a diphtheria epidemic, which taxed the resources of the hospital well beyond their capacity. The tempers of the committee members, as well as the finances, were strained.

At a public meeting on July 20, 1875 a motion was passed calling on the committee to resign, one of the reasons being "dissension among the committee members."

The members resigned, but one said pointedly that the reason was "because they had not money to carry on the business of the institution, and because the Provincial Government had treated the committee vilely in this respect."

The resignations were accepted at a meeting of subscribers on July 27 and a new committee was elected.

Dr Grigor, surgeon to the hospital, resigned and Dr A. S. Hanan was appointed in his place from about half a dozen applicants.

In his report for 1874, Dr Grigor had stressed the need for more accommodation. On one or two occasions the hospital had been taxed to the utmost, particularly in the female ward, but, by utilising the old lunatic asylum and moving out the more convalescent patients (often before they were quite fit for work), room was made for cases of more severity . . . "I consider the additions you propose making will be admitted to be of essential importance before the end of another year," Dr Grigor said.

The committee's architect was instructed to call tenders for the erection of additions to the hospital at a cost of £1400. A tender of £1428/10/- from a bricklayer named Stewart was accepted. The committee received £1000 towards the cost from the Otago Provincial Government so, perhaps, its grip on the purse strings was not as tight as the old committee had thought.

The additions were presumably not sufficient. Dr Hanan told the committee in a report that the old building could accommodate "with proper regard to the enlightened treatment" only 10 or 11 patients, and sometimes it had 23. The new wing was sufficient for only about six. He, therefore, thought another addition was wanted.

Treatment must have been less enlightened in 1866 for the main hospital building then was said to have accommodation for 20 patients—ten male and ten female.

The hospital was said to be deficient in other respects. There was in Invercargill in those days a body known as the Board of Health. It was the Borough Council under another name, and the name suggests its duties. At a meeting on October 11, 1875 the board received a letter from a doctor of the town, William Cotterell, notifying that a servant girl in his home had scarlet fever. He went on: "I have made application for her admission at the general hospital but have been refused on the grounds that they cannot admit fever patients. I wish to make one remark: Has anyone ever heard of an hospital without fever wards? I never have, and as a medical man strongly urge on the Board of Health to insist, without delay, that such fever wards be at once constructed, and I must say that the hospital, as an hospital, is defective in every way."

It is not known what had happened to the detached fever ward of 1866 with its unusual double roof.

Scarlet fever also broke out in the immigration barracks and there were other cases in the town. Some of the members of the Board of Health seem to have panicked a bit for they entertained a suggestion that a vacant house at Clinton should be taken as a fever ward. Rail connection had not at that time been established between Invercargill and Clinton and, considering the roads and the road conveyances, one is inclined to agree unreservedly with the member who said the suggestion was "ridiculous." Its one merit was that it would have got the patients well away from Invercargill, but it did not show much regard for the comfort or welfare of the patients.

On reflection the board decided to convert the building, formerly used as a lunatic asylum, into a fever ward, presumably the "iron pot" structure of 1866. This was done expeditiously and the building was ready to receive patients early in 1876. There was need for it. Outbreaks of fever occurred with distressing frequency. Perhaps the main reason was lack of sewers.

Dr Cotterell's strictures may have been too sweeping, but the hospital did lack other things besides a fever ward. In a report presented to the committee on February 10, 1876 Dr Hanan said the hospital had hardly any surgical instruments, not even a complete set of amputation instruments. The committee accepted his offer to supply a list of the instruments required, with the cost. Probably the old committee was at fault here.

The new committee showed enterprise by deciding to have gas lighting installed in the hospital. The gasworks, the oldest municipal undertaking in Invercargill, had just commenced operations.

But the new committee also ran into financial trouble, which was no doubt brought about by an abnormal demand on the services of the hospital, especially by outpatients. At a meeting of the committee on March 3, 1876, the secretary, B. Willoughby, described the increase as "alarming." Outpatients numbered 100 a month. The committee decided that, before a person could obtain treatment as an out-patient, he or she, except in urgent cases, must obtain a certificate from a member of the committee or from

a clergyman of the town. Books of certificates were issued to those empowered to grant them. As a result the number of outpatients was reduced by half.

But the finances remained shaky. At a meeting on August 4, 1876 the question of insuring the new wing of the hospital was discussed. The committee was informed by letter that the Provincial Government did not insure public buildings. Here the distinction between "public" and "government" must be again noted. The Invercargill Hospital was a government building when it was run and controlled by the Southland Provincial Council, but it became a public building when it was taken over by a committee of management, representing the subscribers. What the letter no doubt meant was that the Otago Provincial Government did not accept responsibility for insuring public buildings. It was over to the committee, which, however, decided that, because it had only £21 in the bank, it would take no further steps towards insuring the building—a rather extraordinary decision seeing that government subsidies (Provincial and General), owing to the committee, amounted to about £200.

The committee also had trouble over the position of house surgeon. Dr. Hanan was engaged on condition that he did not take any private patients. Later he asked permission to be allowed to practice within a mile of the hospital, but the committee refused to agree to this. Dr Hanan resigned. The committee tried to find a doctor who would fill the position on a "no private practice" basis, but failed. The post was then advertised at a salary of £200 a year with the right of private practice. (Dr. Hanan had received £300 without this right). There were two applicants. One was Dr Yorath, the other Dr Hanan. The former was appointed and this sparked off a row. There were those who said that Dr Hanan, who had satisfactorily filled the position, should have had it back.

Writers of letters to the newspapers attacked the committee, charging it with mismanaging the hospital and with extravagance. The committee had recently appointed a man and his wife as wardsman and matron. A letter writer wanted to know how the committee had come to appoint "an aged pair to attend to sick people, looking as if they needed someone to look after them."

A public meeting of protest was not largely attended. The procedure followed by the chairman was peculiar. A motion that the meeting should concur in the appointment of Dr Yorath was not seconded. Yet it was allowed to stand, and a proposal that the meeting be adjourned for a week was accepted as an amendment. The chairman, contrary to all procedure, put the motion and then the amendment, and declared the amendment carried. After that it is possible to believe a comment in a report of the meeting that those present showed "that they did not know which was which." The second meeting was apparently not held, and the controversy, after a good deal of sound and seeming fury, died down.

The hospital committee had a Christmas gift in December, 1876—£500, the balance of the money promised by the Otago Provincial Government towards the cost of the new wing. It might be likened to a legacy for the Otago Provincial Government and the other provincial governments of New Zealand were lately deceased. The money was provided by the General

Government from Wellington. So the year did not end so badly after all. The new wing was finished, partly furnished and occupied, and, though subscriptions at £851 were down by £250 on the total of the previous year, there was a credit balance on the year's working of over £300. The affairs of the hospital were described as satisfactory.

The committee, in a report covering 1876, said the new County Councils Act would have the effect of throwing on the councils the duty of providing subsidies for hospitals. The committee had taken measures, which it was hoped would place the subsidy arrangements on a satisfactory footing.

Hospital management throughout New Zealand was on the eve of change.

From 1876 to 1885

The year 1876 is generally regarded as one of the landmarks in hospital administration in New Zealand; it was the year that saw the abolition of the provincial governments. Now the hospital committees had to look to Wellington for Government assistance. There were at this time 24 public hospitals in New Zealand with a total of 942 beds. In 1876 they treated 4,346 patients (3,373 males and 973 females). There were five benevolent and orphan asylums, at Auckland, Nelson, Motueka, Lyttelton and Caversham, with 228 beds between them. In 1876 they accommodated 158 males and 89 females, and gave outdoor relief to 579 people.

The administration of these hospitals and institutions left a lot to be desired, though some were better managed than others. But even the best were in need of reform. One of the difficulties was lack of money. The system of voluntary subscriptions and donations and of money raised in various ways was proving inadequate. But many people favoured it. Many hospitals in Britain were supported on a voluntary basis — why not in New Zealand? The short answer was that New Zealand did not have the accumulated wealth or the wealthy people of the Mother Country. The Central Government showed no desire to run the hospitals. It was quite prepared to leave the administration of public health, and of the hospitals and charitable institutions, to local effort.

There was a good deal of sickness in Invercargill and an outbreak of scarlet fever in March, 1877, caused *The Southland Times* to suggest that "the Public Health Act has been hitherto only loosely enforced." Invercargill, the newspaper urged, ought to be healthy because of such "powerful sanitary protectives" as "the comparative equality of its temperatures, its proximity to thick forests and the sea beyond in one direction, together with the cold, strong winds that blow so frequently." But these, though powerful, did not protect if the laws of cleanliness and health were violated.

Three years later, when diphtheria was prevalent in Invercargill, the hospital committee considered that such cases came under the Public Health Act and that the Invercargill Borough Council, as Board of Health for the district, should accept responsibility for them and pay all expenses incurred in the treatment of the patients. But the council refused to acknowledge responsibility, and, as the patients had been admitted to the hospital, any costs, not paid by the patients, apparently fell on the funds of the hospital committee.

A few months later, when a man applied to the committee for the admission of two of his children suffering from diphtheria, he was told he had better apply to the municipal authorities as the fever ward was under their control. The man made other arrangements for his children, but it was obviously an unsatisfactory position.

The Government, made aware of what was happening, tried in 1878 to induce local bodies to accept a system under which the Government would subsidise voluntary subscriptions on a £ for £ basis, the Government and the local bodies to make up any deficits in equal shares. This did not appeal to the local bodies. They thought that all money, apart from subscriptions and the fees paid by patients, should come from the Government. But the Government was not prepared to carry the whole burden. It wanted the local bodies to accept some responsibility. All efforts in this direction were to prove futile until after the passing of the Hospitals and Charitable Institutions Act in 1885.

During the period 1876 to 1885 the Southland Hospital Committee was often in debt. In 1876 receipts amounted to £1,664, just over half, £836, being by way of subscriptions; and expenditure, including £356 spent on building work, was £2,014. The following year was more satisfactory financially. The number of in-patients rose by 79 to 205, and the number of out-patients by 307 to 1061, but the year ended with a credit balance of £369.

However, a few months later the committee was again hard up for it decided, on grounds of economy, to dismiss the wardsmen and matron, and to engage an assistant to the dispenser to "act as generally useful". The dispenser, apart from the hospital surgeon, was the key man of the staff. He had a lot of duties besides dispensing, and this was recognised by the committee when it decided he should be known as "the dispenser and house steward".

The attenuated staff policy did not work, and in November, 1878, the committee decided to advertise for "a couple without encumbrances to serve as wardsmen and cook". The cook may have been expected to do some nursing, but if she was a cook at all she was likely to be more skilled in the kitchen than in the ward.

Convalescent patients were employed to work about the hospital. It was, perhaps, a way of making them pay for their treatment. Towards the end of 1878 they cleaned up the grounds in front of the hospital and did the job in a way that was said to reflect "no little credit on them."

By July, 1879, the funds of the committee were again "at a very low ebb". Because of this the committee decided to do nothing about the building of a new dead house, or morgue. The morgue was a small wooden building. Its roof was in a bad state of repair and leaked. There were those who thought that "in the interests of both health and common decency" a new building should be erected, but the committee pleaded poverty.

Nevertheless, during this period of straitened circumstances the committee, with financial help from the Government, did a considerable amount of building. During 1877 the main hospital building was completely repaired and the drainage system was made more efficient, thus improving "the sanitary state of the hospital."

The hospital was becoming over-crowded and additions were planned. The Colonial Treasurer, John Ballance, inspected the hospital during 1877. He told the committee he was highly pleased with the institution except for the over-crowding, which he described as "deplorable".

The following year a sub-committee was appointed to report "on the condition of the hospital, especially in regard to available space in relation to sanitary laws."

There is a suggestion that patients from Riverton were partly responsible for the overcrowding. They by-passed their own hospital, which was said to have "plenty of accommodation and the usual equipment". This was in a way gratifying to the pride of Invercargill, but the hope was expressed that the Southland Hospital "will receive substantial monetary support from those localities which make use of it."

Later this "Riverton invasion" roused protests, but, if The Western Star was correct, there was no justification for these. The Star declared: "Since the establishment of the Riverton Hospital now two years ago, only some half dozen persons from what may be called the Riverton district have applied for admission into the Invercargill one . . . patients from the Invercargill district have been treated in the Riverton Hospital so that, after all, a principle of reciprocity has been maintained in the matter."

In March, 1879, a start was made on an additional wing at the Dee Street Hospital. This, it was said, would "not greatly improve the appearance of the hospital, which looked somewhat lopsided, but will make it much more convenient, and will be amply sufficient for the requirements of the district for a long time to come." The new wing, which was in brick, provided a residence for the doctor, a consulting room and a waiting hall. The doctor had occupied part of the existing hospital, and his removal to the new residence was designed to make available much needed space for patients. The new wing corresponded with the north wing, thus giving the whole building a much more balanced appearance. The wing was designed by a well-known Invercargill architect of those days, F. W. Barwell. The cost was about £1,200. Of this the Government provided £800.

Though it never seemed to have enough money, the Hospital Committee received money from many sources. On September 13, 1878, what was called a Calico Ball was held in the Drill Hall, Invercargill, to raise money for the hospital. A contemporary report says: "The term calico applied to the ladies' dresses was anything but appropriate, for the various costumes were both elegant and, we should say, costly. The nearest approach to a calico costume was one pure white apron worn by a gentleman, and consequently was in keeping with the nomenclature of the assemblage. Dancing commenced and was kept up with vigour until the small hours were merging into larger ones."

Over 100 employees of a sawmiller, John Murdoch, agreed to contribute 1/- each monthly to the hospital funds. The money was deducted regularly from each man's wages and paid in a lump sum. It was a form of accident insurance. The men expected to receive hospital treatment when it was necessary, without further charge. The Southland Times commented that "other employers and workmen might follow the example set by Mr Murdoch and his men without detriment to themselves, and to the great advantage of a deserving public institution."

The finances of the hospital remained shaky. At a meeting of the committee on October 15, 1880, a debit balance of £60 was reported, and it was stated that £360 was needed to meet expenses for the rest of the year. The committee decided to send subscription lists to the shearing sheds, and to draw the attention of runholders to the urgent needs of the hospital.

A year later the funds were strengthened by a donation of £100 from J. T. Thomson, and another, also of £100, proceeds of a concert run by the Scottish Entertainment Committee. Donations of this size were outside the normal experience of the committee. One member said the size of the donations "would warrant the expression of the committee's gratitude being inscribed in letters of gold."

That the mattresses in the hospital were stuffed with straw was revealed in the remedy suggested for a complaint that the beds were not comfortable enough. A little extra straw, it was suggested, would meet the complaint. "Our farmers would gladly give straw for such a purpose gratis. The beds could be stuffed by those patients, who are up and doing, without cost."

The worries of the committee, in common with hospital committees throughout the country, were increased by the action of the Government in suspending the £ for £ subsidy after March 31, 1881, until Parliament had considered the whole question of hospital maintenance.

The Southland committee managed along but not very easily. In an endeavour to reduce expenditure it ordered that more careful enquiries should be made into the financial circumstances of people who sought the services of the hospital. This was done because, the committee said in its report for 1881, "there is reason to believe that in times past many persons availed themselves of the privilege of outdoor attendance and medicines who were not proper objects of the institution." No doubt in anticipation of criticism, the committee added this: "While, however, great care has been taken by the committee to secure the hospital against improper use of its benefits, an equal care has been exercised that no deserving object would suffer." (Perhaps "person" would have been a happier term than "object").

The committee was cautious in expenditure. When in January, 1882, it was asked by the house surgeon to spend £30 on the introduction to the hospital of the antiseptic method of treating wounds, it decided to pass the responsibility on to the incoming committee, which was elected at the annual meeting of subscribers held on the last day of that month. The new committee authorised the expenditure. It inherited a credit balance of £58 from the old committee, which seems to have been over-cautious.

But the new committee had its full share of trouble. Once again there was criticism of the way the hospital was being conducted. Patients, and relations and friends who visited them, were not being properly treated, it was alleged. The criticism spread beyond Invercargill. Some of it appeared in *The Western Star*, Riverton, and some in *The Morning Herald*, a paper then published in Dunedin.

In response to requests made by a number of citizens, the Mayor of Invercargill, Henry Jagers, convened a public meeting to consider the hospital and its management. A large attendance indicated the keenness of public interest. After a lot of talk, the meeting decided to ask the Government to appoint a commission of enquiry. This the Government refused to do, and gave a pointed reminder to the people of Invercargill that "commissions are seldom appointed except into matters of urgent importance." The Government suggested that a local committee of enquiry would be adequate.

No enquiry appears to have been held. The agitation subsided. There was, perhaps, a reaction at the annual meeting of subscribers on January 29, 1883, when several new members were elected to the committee. This may have satisfied some of the critics and, perhaps, oil was poured on the troubled waters by Dr. G. W. Grabham, Government Inspector of Hospitals, who, following a visit on February 8, 1883, reported that he "considered the Invercargill Hospital quite equal in all respects to the majority of hospitals in New Zealand, and better than many."

A report dealing with the public hospitals in New Zealand in 1881 said the Southland Hospital was built 18 years before at a cost of £5,000. Attached were five acres of land. It had 30 beds and a daily average of 19 male and four female patients. The total of in-patients for the year was 300, and out-patients numbered 689.

From the details of income, it is clear that the hospital at this time depended heavily on subsidies from the Government and grants from local bodies. Of an income of £2,364, the Government had provided nearly half (£1,121), and, if £250 from the Southland County Council and £50 from the Invercargill Borough Council are added, only £943 came from other sources, including £490 by way of subscriptions and donations, and £127 in patients' fees — paid by 30 patients at the rate of 30/- a week. The Southland Hospital was run well within its income, so that at the end of the year there was a balance on the right side of £347.

The report noted that the amounts spent during the year on wine, spirits and beer at the four main hospitals were: Auckland £235, Christchurch £229, Wellington £144 and Dunedin £260.

This led an Invercargill newspaper to comment in a "holier than thou" spirit: "It is gratifying to be able to notice that this item does not appear at all in the statistics of the Southland Hospital, Dr. Button having seemingly joined the advance ranks of his profession, so far, at any rate, as concerns a scepticism as to the superior medicinal properties of Old Tom."

In 1881 there were 37 public hospitals in New Zealand compared with 24 in 1876, but only 36 were covered in this report, no details having been received from the Wanganui Hospital. The pattern of receipts was much the same as that for the Southland Hospital, except that of the total receipts of £59,703 the Government contributed considerably more than half — £31,536. With grants from local bodies added, the total from Government and local bodies was £40,216. Subscriptions and donations at £8,137 were a little over a fifth of this amount, patients' fees at £3,566,

less than a tenth. So at this period the public hospitals of New Zealand were largely free, and were largely supported by taxes and rates, for, while local bodies did not levy a hospital rate, any grants they made may be regarded as coming from rates.

The committee of 1883 wished to encourage visitors to the hospital. A report of a meeting of the committee on April 5, 1883 says: "The visitors' book on being looked over, raised some comment with regard to the clergymen of the town. It was noted that the only ministers who appeared to visit the patients with any degree of regularity were Revs. Hobbs and Stocker, and Father Fitzgerald. The committee expressed its wish that the privilege of visiting should more generally be taken advantage of, both by clergymen and others."

The year 1883 was a good one for the hospital committee financially. Confidence in the administration had been restored and subscriptions and donations came in more freely, a cause for satisfaction to the committee, which said in its report for the year, after referring to the good public support for the funds of the hospital: "Nor can they help noticing, without something of pride, the great contrast in this respect between Southland and much larger and wealthier communities, which rely solely on the Government for the support of their hospitals, a circumstance which no doubt weighed with the Government in affording funds for the erection of the additional ward accommodation and the kitchen so urgently required."

There had been few complaints during the year and this, the committee claimed, was because the hospital had been "well and efficiently managed". One patient had expressed his gratitude for care and attention by leaving £80 to the hospital in his will. The report noted, however, that subscriptions and donations from runholders and farmers had been almost nil. A large number of patients came from the country districts and it was suggested that runholders should try to induce their employees to contribute to the hospital funds.

The present-day free medicine scheme is not new except in its general application. Out-patients, who received free treatment at the hospital, also received free medicine if it had been prescribed. But they were expected to provide their own bottles. Some patients didn't do so, and the number was sufficient to result in the committee deciding "to adopt the rule in practice in several of the other hospitals of the Colony and charge 1/- to those who came for medicine without bottles."

Another good year for the hospital was 1884. The renewed confidence in the management had been maintained and the public had given liberally. More accommodation was wanted, and especially a detached building for infectious and contagious diseases.

The fever ward at that time was the old lunatic asylum, which had been converted into a fever ward in 1876. It was a tolerably good building in 1866, according to a description of it written in that year, but in 1884 it was described as "low, ill-ventilated, poorly lighted, malodorous and much decayed." It was pulled down in 1885 and the timber burnt, presumably because it was thought to be germ-infested. The new building erected between the kitchen block and the railway faced north. It had two wards and a bed in a single room for particularly virulent

cases. There was also a nurse's room and a bathroom. The floors were of concrete and the walls and ceilings were cemented "so that all interior surfaces may present a perfectly smooth, solid body without crevices and capable of being washed without injury or subsequent damp, thus preventing, as far as possible, the harbouring of germs within the hospital." The cost was £625.

The hospital committee sought donations from local bodies in its district, not always with success. In 1885 the Invercargill Borough Council informed the committee that it would make its usual grant of £50, the Mataura Borough Council gave £5, Winton wanted to know what the other local bodies had contributed; Gladstone Borough Council excused itself for making no donation because of "the lowness of their funds"; and East Invercargill refused point blank.

The Otaria Road Board wrote: "The board, not being at present oppressed with funds, the members had not felt themselves at liberty to vote anything to the hospital as a board, but as individuals they had made a collection amongst themselves of which the cheque (£2/15/-) was the result."

This illustrates the haphazard, and not always adequate, methods by which hospitals were financed. But 1885 brought a change with the coming into force on October 1 of that year of the Hospitals and Charitable Institutions Act which established hospital boards throughout the country and gave them power to levy rates on borough and county councils.

The Southland Hospital Committee did not favour the change. It appointed a sub-committee to study the Bill before it was passed. The report of the sub-committee, which was adopted by the committee, said one reason for the Bill was to relieve the Government, in a large measure, of the cost of hospitals and put the burden on the local bodies.

"This cannot be regarded in any other light than an attempt to increase taxation by a side wind," the sub-committee declared. It argued that "if only the Government had the moral courage and the inflexible justice to give a £ for £ subsidy all round, the whole clumsy machinery of district boards might be got rid of with all their expensive inefficiency, and things could be very well managed as they are."

Summing up, the sub-committee described the Bill as "an impracticable measure and not worth its place on the Statute Book." The Government thought otherwise and the Bill became an Act.

The committee was determined to save the hospital from the clutches of the board and it did so, in accordance with the provisions of the Act, by incorporating it as a separate institution.

CHAPTER 4

Board and Trust

The Southland Hospital and Charitable Aid Board came into being in 1885 and its first members were: G. W. Hast and A. Dunlop (Southland County Council), G. Bastian, senr (Wallace County Council), C. C. Boyes (Lakes County Council), J. T. Martin (Invercargill Borough Council), N. Johnson (South Invercargill Borough Council), J. S. Thomas (North Invercargill Borough Council), J. W. Bain (East Invercargill Borough Council), W. S. Waterston (Gladstone Borough Council), T. S. Nicol (Avenal Borough Council), J. G. Ward (Campbelltown Borough Council), T. McWilliam (Winton Borough Council), S. Hodgkinson (Riverton Borough Council), James Reid (Queenstown Borough Council), M. Heller (Arrowtown Borough Council) and T. Green (Gore Borough Council). Bain was elected chairman. One of the number was destined for greater fame, J. G. (later Sir Joseph) Ward. Campbelltown was the official name for Bluff.

The board held its first meeting on November 6, 1885. For the next 25 years members of hospital boards were not elected by the people but were appointed by the local bodies in the boards' districts, which were rated for the upkeep of the hospitals. The boards have consisted of elected representatives since 1910.

The first Southland Board had 16 members — too many for the work and probably for efficient working. Later the smaller boroughs were divided into two groups, and each group was represented by one board member. Grouped boroughs were: Winton, Riverton and Campbelltown; and (second group), North, South, East Invercargill, Gladstone and Avenal. The Southland county had four representatives, Invercargill borough one, Wallace county one, and Lake county, with the boroughs of Queenstown and Arrowtown, one — a total of nine.

The grouping may have resulted in some loss of interest in hospital affairs. On one occasion the Campbelltown Borough Council told the board, in effect, that it was not interested in the board's meetings. The board replied that it regretted "so important a matter as that of the administration of charitable aid should excite apparently so little interest."

There is no mention of hospital administration because the board, though it was a hospital and charitable aid board, did not for many years control any hospitals, or, if it did, it was by remote control. Its function, so far as the hospitals in its district were concerned, was controller of the purse. The running of the hospitals was left to the committees of management that had run them for years. The committees requisitioned the board for funds. The board might question these demands and seek to have them reduced, but it had little, if any, say in how the money was to be spent.

The hospitals were financed by patients' fees, voluntary subscriptions, rates and Government subsidies. The rates, which took the place of the grants formerly made by local bodies, were imposed by the boards on local authorities in their districts. The local authorities collected the

rates and handed them over to the boards, which distributed the money among the committees after deducting some for their own needs. These were considerable, for during the 'eighties and early 'nineties distress in New Zealand was widespread, a result in the main of unemployment and a general depression in trade. There was no paternal Government to care for the victims, though the Government did assist through its subsidies. The boards had to help to relieve distress as best they might with rather limited funds, and to the people of those days this was no doubt the more important part of the boards' duty. Hospitals, then, were much simpler establishments than they are now. They were mainly for accident cases. Many people, who became ill, were treated by the family doctor in their own homes. Women had their babies in their own homes, too, attended, perhaps, by a not very skilful midwife, no matter how devoted she might be. A hospital then lacked the specialist services and departments that a hospital has now.

In "A Hundred Years of Healing", the history of the Wellington Public Hospital from 1847 to 1947, Dr. D. Macdonald Wilson says that until about 1890 Wellington Hospital, except for accident cases, was mainly an old people's home "as surgery as known today was not practised." If that was the position in the capital, it is unlikely Invercargill Hospital was any more advanced.

In Invercargill as in Wellington, "the direct administration was carried out by hospital trustees who had power to requisition on the board for grants."

The Southland Board did not accept its status without some protest. It agreed that three of the four hospitals in its district, Riverton, Queenstown and Arrow, should each be administered by its own committee, but the board wanted to have the control and administration of the Southland Hospital. The reason is obvious. The board had its offices and meeting place in Invercargill. Why have two bodies when one would do?

But local bodies are often reluctant to go out of existence. The committee of the Southland Hospital was not prepared to vote for its own extinction, and, apart from protesting, there was nothing the board could do about it.

What sort of place was this hospital which the board was anxious to take over? There is a fairly full description of it in the 1886 report of Dr. D. MacGregor, Inspector-General of Hospitals. This says:—

"The most striking fact about this hospital is that all the male patients, that is the whole of the inmates proper except three female patients, for whose accommodation there is a small female ward in the middle block, are crowded into one end of the building, the original hospital, which thus consists simply of four rooms, two above and two below, each 24 feet by 17 feet, connected by a stair so narrow and tortuous that it is a matter of great difficulty to get a bed-ridden patient taken to the upstairs wards. Each of the male wards contains five or six beds which are nearly all very good, a large proportion having wire mattresses and all have very clean and comfortable bedding. The walls of the wards are unplastered brick, distempered, but all have a dingy,

blotchy appearance, while the windows are much too small to light them properly, and in all the ventilation is inadequate. I have been informed that a contract has been entered into for enlarging some of the windows of the two wards on the ground floor. This will be a great improvement, provided the ventilation is attended to at the same time. . . . No attempt has been made to please the eye in any of the internal fittings or arrangements of this hospital. For example, the roomy and convenient dining room might, at very small cost, be made beautiful as well as useful. It strikes one as incongruous that a town, whose streets are so beautiful, should be careless of effect in the wards of its hospital.

"On the day of my visit there were 15 patients on the male side and two on the female side. I made the most careful enquiries regarding their comfort and found them unanimous in their approval. Their beds were clean and comfortable, their food was abundant, good in quality, well cooked and promptly served. Everyone was receiving suitable medical treatment, and all spoke in the highest terms of the care and attention of Dr Low. A fever hospital has just been built some distance in the rear. It is a most substantial building of brick and cement, with a wide asphalt path all round it. It consists of two wards, well ventilated and lighted, with cement floors and walls plastered with Keen's cement. A suitable nurse's room is placed between the wards, with a small window opening on each."

The trustees acted promptly on Dr MacGregor's suggestions and when he next inspected the hospital in March, 1888, he was pleased with the improvements that had been made and found little to criticize, at least in the hospital building. But he was surprised at the large number of out-patients who received free advice and medicine. He thought the trustees were over-liberal. The almost unrestricted granting of assistance tended to pauperise the community, he said. He suggested that Invercargill should do what was done in Dunedin and in other places — make a uniform charge of 1/- for every bottle or packet of medicine supplied, except to people who were really destitute. The trustees did not adopt the suggestion.

Under the Act, which established the hospital boards, the hospital committees became trusts. The Southland Hospital trustees at first numbered 11, six elected by the subscribers and five by contributing bodies, that is, the local bodies that had to levy rates for the upkeep of the hospital. But under an amending Act of 1886 the number of trustees was reduced to nine, and it was provided that the number elected by the subscribers should depend on the amount subscribed. Subscriptions had to be at least £100 before the subscribers were entitled to representation (two members). The size of the representation increased with the rise in total subscriptions, and the subscribers would become entitled to elect all the trustees if subscriptions were sufficient to make rates unnecessary.

The Government, wishing to encourage voluntary donations, increased its subsidy on these donations from £1 to £1/4/- in the £. But the deciding factor was hospital rating. This was soon evident in the decision of several churches to abolish Hospital Sunday — an annual occasion when the claims of the hospital were urged from the pulpits,

and special collections taken. Church people and others were not prepared to contribute voluntarily when they had to contribute compulsorily through the rates. Rating, too, was the fairer system; it did not leave the whole burden to the generous. The stream of donations did not dry up entirely — the volume gradually diminished.

Having failed to abolish the trust and take over its work, the board had to content itself largely with charitable aid. One of its first decisions was to establish a home for the aged and the infirm. Children were added as an afterthought. On May 10, 1886 the board decided: "That a building committee be appointed for the purpose of selecting a site upon which to erect a building to be used as a home for the aged and infirm, such committee to have power to accept plans for the building and improvements, accept tenders for carrying out the necessary works and to commit the board to an expenditure not exceeding £1,000."

The committee recommended the site in Bowmont Street, part of Block 49 (bounded by Bowmont, Ythan, Crinan and Ness Streets) which had been given by the Government to the Benevolent Institute, and which had since been vested in the board. The committee said the site was high and dry and in every way suitable for the purpose. The need for the home was shown by this, that 25 persons, who were receiving charitable aid, would be much better if they were placed under supervision and control.

The decision to build the home was taken at a meeting of the board on October 19, 1886. Some members thought the home would have been better in the country, "far away from the temptations and evils of town life, but with enough surrounding land to afford ample room for the agricultural and horticultural employment of the inmates."

A similar view was expressed by Dr. MacGregor in a report to the Premier, R. J. Seddon, in 1892. The doctor said that experience with such homes in Christchurch, Napier, Invercargill and other centres showed that "it was a great mistake to have them in towns or in the environs of towns because, when most of the inmates were given leave, they haunted the public houses and came back drunk and disorderly. It was impossible to get them to do any work."

Six sections of a-quarter acre each had been vested in the board, which bought another two sections for £80 each to bring the total area of the Bowmont Street site to two acres. The plans provided a wing for men and one for women. Each wing had a day room or workroom and a dormitory. The sexes were segregated in the dining room by means of a screen which could be removed if the room was wanted for church services, meetings and similar gatherings. The building consisted of a central portion of two floors, and a wing on either side of one floor. The residence for the master and mistress was in the front of the central portion. A dispensary and surgery were provided. All this was built for £1,760. The successful tenderer was George Atkinson.

The minute recording the acceptance of the tender refers to the building as "the aged men's home", but at a meeting, at which the board decided to invite applications for the position of manager of the home, it was referred to as a "home for the aged and infirm and for destitute

children", and that is what it was. It was decided that a married man, whose wife was prepared to act as matron, would have preference, the man to have a salary of £125 a year and his wife £75.

At this meeting, too, the building committee was authorised to make arrangements for lighting the home with gas, for providing tanks for a water supply, for bath accommodation, for a cooking range, boilers, grates and blinds, and for fencing and draining the grounds. By the standards of the day the home was to be well equipped. Captain and Mrs Wybrow were appointed to take charge.

In one reference in the minutes of the board, the home is referred to as "the workhouse". This may have been a result merely of an association of ideas in the mind of a person familiar with the English workhouse system. It is certain that the Bowmont Street home was never akin to the English institution that Dickens and other reformers so roundly condemned.

Nevertheless, there were rules as, indeed, there had to be in such an establishment, and they were pretty strictly enforced. At a meeting of the board on December 7, 1887, Captain Wybrow reported that he had discharged an inmate for misconduct. The man had returned to the home after hours and had entered by a window. The board endorsed the manager's action, and decided that another inmate, who had assisted in the after-hours entry, should be deprived of his liberty and be prohibited from smoking within the grounds of the home. This probably means that he was not to be allowed out of the home for a fortnight, and the prohibition against smoking suggests that this was allowed only in the grounds, not in any of the rooms. If so, this would have been in line with Victorian practice and tradition.

The partiality of some of the old men for pints and drams was a source of trouble, and at a meeting on July 11, 1893, the board decided to instruct the master of the home to report to the board any inmate who returned from town to the home, or being at any time whatsoever, the worse of liquor.

The following month an inmate of the home, who had been before the court on a charge of drunkenness, was called before the board to answer for his conduct. He denied that he had been drunk and said he was subject to fits of giddiness. Obviously unimpressed, the board warned him to abstain from liquor in the future, and this he promised to do.

But the same man was in trouble a few months later, when, along with another, he was charged with "insubordinate and disorderly" conduct. The occasion had been an election, and the buying of men's votes with pints of beer was not unknown in the "good old days". After reprimanding the men, the board resolved that "the inmates of the home be required to vote at the nearest polling place to the home at any election at which they may be entitled to vote."

No doubt there were a few old reprobates among the inmates, and it was probably this that prompted a deputation of ministers of religion to wait on the board with a suggestion that it was undesirable for the boys in the home "to consort with old men as they would only learn bad habits by doing so."

A member told the deputation that the whole difficulty arose from the home not having been built for children. They had "crept into it" and had grown in numbers. They should have been in a different institution from the old people's.

Though the board discounted the ministers' complaints, there was probably substance in them. After a face-saving delay of a year the board decided that its architect should prepare plans for a new wing at Lorne "to accommodate all the children under the board's charge so as to keep them separate from the old people."

The Lorne Home was opened before the end of the century. The first step was taken on April 8, 1897, when the chairman of the board, D. Roche, said he thought it would be advisable for the board to buy 50 acres some distance from the town, where regular gardening, dairying work and poultry farming could be done by the old men. Such a farm would soon be self-supporting and would give the old men something to occupy their minds, he said. Most of them were capable of doing light work, and would prefer it to their present monotonous life. If they helped to pay for their keep, their feeling of dependence would be lessened.

The board decided to advertise for offers of 40 to 50 acres of land, adjacent to a railway station on the North or East Roads. The owners were required to give particulars of "bush, swamps, fencing and all other matters affecting the offer" — a reminder that there was still much draining and bush clearing to be done in Southland at that time.

Several lots of land were offered to, and inspected by, the board, which eventually decided to buy 57½ acres of the Lorne Junction estate for £530.

Having purchased the land, the board next decided to build a home for 40 inmates with a detached cottage for the manager. In June, 1898, the tender of Farrell and Harris for the erection of the buildings at a cost of £1,958, the lowest of ten tenders, was accepted. C. H. Roberts was the architect.

The first inmates went to Lorne on June 20, 1899. A married couple, Mr and Mrs A. Cusworth, were in charge. The husband, in addition to being manager, was required to have some knowledge of farming and gardening, and his wife's duties were to cook for, and look after, the old men, for it was as an old man's home that Lorne began.

The duties of the matron seem to have been too onerous for shortly the board decided that "a strong girl be engaged to help the matron of Lorne Home at 10/- a week."

There were now two homes, which the board thought was one too many. It was suggested that the Bowmont Street Home should be closed and that the Government might buy it for £2,500 for use as a technical school. The Government thought otherwise. The board made several attempts spread over years to get rid of this property before it at last succeeded. How it was used after the board had sold it is outside the scope of this history. The building still stands and is used as flats.

It was in 1901 that the board decided to build the children's wing at Lorne, a tender for £3,077 from J. Howie being accepted. The board resolved to have electric lighting installed, still something of a novelty. The decision was made after consultation with the manager of the Gore Electric Light Company, and at a meeting on July 19, 1902, a tender for the work from Turnbull and Jones was accepted.

At the same meeting the board accepted tenders for furnishings for the children's block and some of the prices may be of interest: Sheets 4/1½ a pair, pillow slips 9d each, towels 1/11, 9d and 6½d, pillows 2/6, bolsters 4/-, bedsteads £2/5/- and £2/10/-, rugs 14/9, carpets 3/11½ a yard, linoleum 1/2 a yard.

The foundation stone of the children's ward was laid on October 10, 1901, with due ceremony and speeches, followed by what was then the inevitable dinner, at which there was a fresh flow of eloquence. Copies of these newspapers were placed in a cavity in the stone: Otago Daily Times, Otago Witness, Southland Times, Weekly Times (Southland), Southland Daily News, Southlander, Southern Cross, Western Star, Winton Record, Lake County Press, Lake Wakatipu Mail, Mataura Ensign, Southern Standard, Weekly News, Wyndham Herald, Wyndham Farmer.

But times have changed in the journalistic world as well as in the world at large, and few of these 16 papers are still published.

In his speech at the ceremony of laying the foundation stone, the chairman of the board, A. Bain, said that by then a great deal of work had been done on Lorne farm, much of it by the manager and the inmates. In all 15 acres had been sown in oats and grass, 7½ acres of scrub had been cleared, there were five acres in garden, and one acre outside the garden was in potatoes. There were 240 fruit trees. Three miles of ditches had been dug, and 172 chains of fencing erected. About 25 acres had been broken up. The farm had a cowshed, a piggery, fowlhouses and a dairy. A lot of surplus produce had been sold and a considerable income earned.

The home and farm had been the subject of a laudatory newspaper article, published some time before. The writer of this said: "The energy and enterprise of the Charitable Aid Board in establishing the farm at the Junction has already been rewarded, and a visit to the farm will show that surprising improvements have already been made. Vegetables are growing in abundance and splendid crops are now coming on that will more than supply the wants of the inmates. . . . In addition to garden produce, the master of the farm is undertaking the rearing of pigs and fowls, and it is intended to enter upon this on a large scale."

Just prior to October 1901, S. E. Featherstone, who with his wife had been in charge of the Bowmont Street Home since 1889, resigned. When he first took charge there were 12 inmates; when he resigned there were 64—36 men, 11 women, 8 boys and 9 girls. In addition Lorne had 17 men, 2 women and 7 boys.

For admission to Lorne the board applied a labour test to swaggers, to married men who were reputed to be, or were, lazy, and to women

who had no husbands or bread-winners. There was plenty of work at the farm, and many men soon found that they might just as well work for wages outside as for tucker inside. If a man was old or disabled he was put on light jobs and allowed to take his time. Men in the second category were put to a test which soon proved whether they were loafers or not. Women were given laundry work, and, if they were physically strong, were assisted to start for themselves in that line.

A visit paid to Lorne on May 5, 1904, by the Mayor and councillors of Invercargill, heads of corporation departments, the chairman of the Southland Education Board, the chairman of the Hospital Board and some other more or less important people would be of no historical interest but for one circumstance. The party went by motor bus, almost certainly the first to be seen on the streets of Invercargill. It belonged to A. C. Thompson, who presumably took it from town to town to show people "one of the wonders of the age". He later plied in Christchurch between the railway station and Cathedral Square, much to the annoyance of the cabmen.

On the run from the town to Lorne "the time occupied was slightly over 30 minutes, which, considering that parts of the road were in a bad condition, was a very creditable performance. The motor runs at a 12-mile gait on a good road, and the gear can be altered to eight-mile or four-mile to mount hills as required."

On the party's return to town the Mayor, W. B. Scandrett, in thanking the owner of the bus, said the motor was the road locomotive of the future. The bus did trips about Invercargill and this digression may, perhaps, be suitably rounded off with this newspaper report: "The bus is a most comfortable one, rubber tyred and nicely upholstered, and it ran round the blocks in capital style. The motorist, who came out from Home, evidently knows his business and found no difficulty in piloting different parties about in perfect safety. Some horses did not take very kindly to the horseless car, but nothing in the nature of a bolt was recorded."

Though board members had made it clear that they would not tolerate drunkenness among the old men of the Bowmont Street Home, they did not forget that a little "mountain dew" might, for an old person, be beneficial than otherwise. At a meeting on July 11, 1901, the board agreed to the purchase of two gallons of whisky for the old men at Lorne. At a meeting on June 8, 1903, the chairman reported that he had authorised a gift of 2/6 as Christmas cheer for every recipient of outdoor relief, and that the masters of the homes had been given about £2/10/- each to buy small comforts for the inmates.

The nucleus of a library was formed at Lorne by the expenditure of £6/10/- on books. On a visit to this home in 1907 board members decided that the attractiveness of the place would be enhanced if the walls were relieved by an occasional picture. It was also thought that more books were wanted for the library, especially as by this time the inmates of Bowmont Street had been transferred to Lorne. An appeal was launched. Would-be donors were reminded that "very fine pictures can be obtained at little expense. The pictorial supplements to special numbers of the illustrated papers are frequently worth a frame."

The children's department at Lorne was closed in 1926. This was because the Government had decided that children, such as the board had looked after for years, were to come under the care of the Education Department. During those years hundreds of boys and girls passed through the home. The majority made good in life. During the First World War, 25 former inmates of the home volunteered for active service. Five were killed. A tablet to their memory was erected in front of the home.

With the departure of the children Lorne became a home exclusively for old people and chronic invalids, some of whom were bedridden. For their benefit a trained nursing staff was appointed.

Following the opening of the new general hospital at Kew, Lorne was closed in April, 1937. The board was of a mind to get rid of the whole property, including the farm. This was a marked change of opinion from that held in the days when the home and the farm were the pride of the board; but it was claimed in 1937 that, although the farm was still supplying the board's institutions with milk and vegetables, these could be bought more cheaply than they could be produced on the farm. Amalgamation with the Wallace Board was in the offing, and at Riverton there was "an old men's home and an empty hospital."

So although there was an increasing demand for hospital accommodation—it was obvious after Kew was opened that it might well have been larger—it was thought the board had one redundant institution in Invercargill. All members were not convinced that Lorne should be closed. Some thought that Dee Street should be put on the market as it was, commercially, the more valuable site. However, at a meeting on November 18, 1937, the board decided to sell Lorne Home and farm. Fortunately the sale was never made, otherwise the board might have found itself very hard pressed for accommodation after the fire at Kew. The board still conducts Lorne as a home for old people, but now it is a brighter and more attractive place than it was in the years gone by.

A report on the Dee Street Hospital in the early years of this century gave this description: "The buildings are divided into three main blocks, built on the pavilion plan, the northern block, which includes the hospital proper, being sub-divided into male and female wards. The central block is set apart for relieving outdoor patients and contains a well-appointed dispensary under the charge of a competent dispenser. Adjoining the dispensary is the operating room, fitted up with the latest surgical appliances. The southern block forms the residence of the medical superintendent. Situated at the rear, and detached from the main buildings, are the laundry and other domestic offices, all of which are suitably provided. The buildings are connected by corridors, the wards running east and west, with double storied verandahs carried to their full length and finished throughout in Keen's cement. The floors of the wards are wax polished and scrupulously clean, and the wards are disinfected and well ventilated. The latter feature is characteristic of the whole establishment.

"The first portion of the hospital was erected in 1862 and three female wards were added in 1896. Owing to the exertions of the late chairman, J. E. Watson, assisted by the liberal contributions of the citizens of Invercargill, a new wing called the Victoria wing has been

erected at a cost of £4,000, of which £2,000 was raised by public subscription and the remainder contributed by the General Government. The new wing comprises two male wards and will accommodate 32 patients. There is a special fever ward at the back of the main building. In 1902 an out-patients' room, a consulting room and extra bedroom accommodation were provided. The average number of patients is 42."

At this period the hospital was beginning to acquire more apparatus for the treatment of patients. At a meeting of the trust on November 21, 1904, the chairman, R. Allen, said that, with liberal donations from the Patriotic Committee (formed in connection with the South African War) and a bequest from the late J. Findlay, it had been decided to purchase a high frequency X-ray apparatus. The following February the apparatus, no doubt one of the then wonders of the age, was on exhibition. A report of this said: "Photographs taken of a human hand showed the outline of the bones clearly, and a small key enclosed in a thick book showed up perfectly plainly when the book was focussed in the rays." It was expected that skin and nerve diseases would be successfully treated with the apparatus, which had already been used with good results on one patient.

By 1908 the operating theatre at the hospital had become too small. In a sense it was also too elaborate, with too many nooks and corners which harboured bacteria laden dust. Something larger, but, simpler architecturally, was needed.

At a public meeting held in Invercargill during February, 1908, it was decided to hold a Hospital Saturday in Southland to collect funds for a surgical block. The idea was taken up enthusiastically. The collection, held on March 28, 1908, resulted in £1,100. This, with Government subsidy, went a long way towards meeting total cost. The block was erected for £2,603 by W. G. Quicke. The building, in brick and concrete, consisted of a main operating room, a septic surgery, anaesthetic room, surgeon's room, instrument room, sterilizer and boiler room, nurse's room and dressing room. The Inspector-General of Health, Dr. Valintine, congratulated the architect, Wilson, on the general excellence of his plans.

The foundation stone was laid, with due ceremony, on February 27, 1909, by J. A. Hanan, Member of Parliament for Invercargill. The stone bore this inscription: "This surgical block was erected with funds subscribed by the people of Southland on Hospital Saturday, March 28, 1908." The building was ready for use by July, 1910.

As a result of this success a Hospital Saturday Association was formed to hold an annual collection for some hospital project. The association carried on its work for several years, and generally with success.

The board appointed by the local bodies in 1909 was the last under the Act of 1885. At its final meeting the chairman, D. Roche, gave a resume of the history of hospital administration in Southland since 1885. He said that of the original 16 members, T. Green of Gore was the only one still serving. Roche said that in 1886 the rate was 4d in the £ on annual value, in 1890 it was 2d, in 1897 3d. It went down to 2d in 1904 but was raised to 2½d in 1908. One of the achievements, of which the board was proud, was the establishment of Lorne farm and the home for old people and children. Roche said that in 1908 the farm contained 85 acres, all drained and in a high state of cultivation. Additional land had been purchased in 1902.

CHAPTER 5

The Modern Period

The Act of 1909 provided that hospital boards were to be elected in the same way as borough and county councils and other local bodies were. The members, elected to the first Southland Hospital Board under the new order, were: James Fleming, J. R. Hamilton, W. Ronald, D. Gilchrist, Colin Robertson and Thomas Green (Southland County and Wyndham town district), A. F. Hawke, James Ward and Robert Galbraith (Boroughs of Invercargill and South Invercargill), John MacGibbon (Gore and Mataura), John Hinchey (Campbelltown, Winton and Stewart Island), G. D. Baird (Lake County and Boroughs of Queenstown and Arrowtown). Hawke was elected chairman and the secretary was T. Pryde. The board held its first meeting on April 15, 1910.

A special meeting a few days later was addressed by the Inspector-General of Hospitals, Dr. T. H. A. Valintine. He touched on a wide variety of subjects. One of his suggestions seems strange in the light of later events—that the board might dispose of its property at Kew and have its infectious diseases or fever hospital at Lorne. A few years later Dr. Valintine was to describe the Kew site as one of the best in the Dominion, and to advise the board to scrap Dee Street Hospital in favour of a hospital at Kew. But the doctor was evidently in an economising mood in 1910, and, indeed, it was the hope of the Government that the 1909 Act would result, not only in more efficient, but also in cheaper, hospital administration.

So Dr Valintine suggested a joint laundry for all the board's institutions, the use of Lorne farm to supply the other institutions with vegetables, milk, eggs and butter. He mentioned the undue cost of having two small hospitals in the Lakes district, and he did not think Gore Hospital should be enlarged meantime as there was plenty of accommodation in Invercargill. He approved a plan to convert the old fever ward at the Dee Street Hospital into a ward for incurable Tb patients.

The board adopted the last suggestion and accepted a tender for the work the following month. A children's ward was opened at Dee Street on July 16, 1910.

The minute books of the board for the years between 1910 and 1915 are apparently missing, but this period is covered in a report that the chairman, A. F. Hawke, presented to the board at a meeting on April 15, 1915. He claimed that the 1909 Act had made for more efficient management and for a saving of the ratepayers' money. He said the board controlled general hospitals at Invercargill, Gore, Arrowtown and Frankton, a fever hospital at Kew, a home for aged people and children at Lorne. It also administered charitable aid and public health throughout the district. During the period the board's capital expenditure had been about £10,000. The most important capital works were: Completion and furnishing of operating theatre, erection of children's verandah and balconies, isolation ward, installation of electric

light, telephone system, sanitary drainage and new X-ray plant at Dee Street Hospital; boiler house, hot water installation, morgue, ambulance wagon and isolation ward at Gore; hot water heating, water pumping plant and petrol gas lighting at Wakatipu; building alterations and petrol gas lighting at Arrow; new wing, verandahs, new laundry, farm manager's house, new farm building, sanitary drainage and septic tank at Lorne.

Southland's hospital and charitable aid rate was one of the lowest in the Dominion, Hawke claimed. The rate equalled in 1910 2/6 a head of population in the board's district, and under 1/10 in the year ended March 31, 1915. Because of the increase in the number of patients at Dee Street from 608 in 1911 to 847 in 1915, more nurses would be required to attend to them, and it would be necessary to increase accommodation at the nurses' home, Hawke said. At Gore the number of patients increased from 132 in 1911 to 220 in 1915. The prosperity of the district was shown by a decrease in outdoor relief payments from £1,001 in 1911 to £825 in 1915.

When Hawke presented this report the 1914-18 war had been in progress for about nine months but had not yet made any great impact on the board's affairs. That was to come soon. Members of the nursing and medical staffs began to leave because they had volunteered, and had been accepted, for Army service. The resignations of nurses became so numerous, and consequently embarrassing to the board, that it was decided that any nurse wishing to offer her services should notify the board so that the necessary arrangements to fill the vacancy could be made.

As revealed in this report from the secretary, T. Pryde, the board by 1916 was feeling the effects of the war: "Already there are indications that the board is likely to have rather a harder year than usual. Owing to the war, the increased price for drugs and foodstuffs is going to affect the maintenance costs of the board's institutions very considerably. Besides this an increased amount of work is being thrown on the board's hospitals and staffs through the number of sick and wounded soldiers requiring attention. This work will no doubt keep on increasing until the war is over. The Southland and Gore Hospitals are working up to the limit of their capacities, and the erecting of the necessary buildings of a permanent character to meet this extra demand cannot be entertained by the board at the present time, although something may require to be done in the way of providing temporary accommodation to meet the abnormal conditions at present existing."

What was apparently an early war effort of the board was the planting of three acres at Kew in potatoes. Moreover, in the month of September, 1914, not long after the outbreak of war, the whole of the available ground at Dee Street Hospital was put under potatoes.

It may have been because of the war that the board in 1915 found difficulty in getting sufficient fresh eggs for its hospitals. To overcome the difficulty the board agreed that the Southland Egg Circle should have space at the Kew Hospital grounds to erect a building and pens to carry out egg-laying competitions. It was agreed that the board should have first call on the eggs produced at wholesale rates, less five per cent.

Egg production was not one of the activities at Lorne farm and all that was produced there seems to have been required for the inmates of the home. In the year ended March 31, 1916, the farm supplied the home with £589 worth of produce, made up of bacon, butter, milk, potatoes and vegetables. It may be of interest to note that the bacon was valued at 11d a lb, butter at 1/1, milk at 8½d a gallon, and the potatoes at £5 a ton.

After it had acquired Lorne farm some of the business that came before the board had a distinct farm flavour. This continued through the years so that board meeting discussions were at times concerned with milk yields, or the best methods of rearing pigs. These were subjects that farmer members could discuss with authority, and, when such discussions were in progress, it might have been supposed that the board's main business was running a farm. In the minutes of the board for the years immediately following the purchase of Lorne, there are what then were unaccustomed references to farming topics. The poultry account for 1904-05 showed a profit of £27/17/8, an old horse had been sold off the farm for £10/10/-, the board considered the purchase of a chaffcutter, it was decided to call tenders for the purchase of turnips; the board was informed of the sale of cattle from the farm.

When electric light was first installed at Lorne Home, the power came from the home's own generating plant, but by 1915 Invercargill Corporation was in a position to supply some power for lighting from its tramway powerhouse. On March 11, 1915, it was reported that arrangements had been made with the corporation to supply power for lighting to Lorne, on condition that the board paid £225 towards the cost of the line. The charge was 6d a unit. The corporation current was turned on the following June.

What was probably the first step towards having a lady superintendent, with the duty of general oversight over all the board's hospitals, was taken in 1916 when it was decided that the matron of Dee Street Hospital should visit the subsidiary hospitals at least once a year, confer with the nurses in charge, and report on the working of these hospitals.

At that time the board had few hospitals compared with the number now. There was one fewer than when the first elected board took office in 1910—Arrow Hospital was closed in 1915.

But people were becoming more "hospital conscious" and some of the smaller towns of Southland were beginning to think that they should add a hospital to their town amenities.

In November, 1916, a deputation from Lumsden waited on the board and asked that a cottage hospital should be established there. But with the war in progress the time was hardly opportune for building hospitals. The board promised to place the request before the Health Department in due course, but told the deputation that a hospital at Lumsden would be largely dependent on residents of the Wallace Hospital Board's district. Obviously the Southland Board did not welcome the suggestion with any enthusiasm.

The years 1917 and 1918 were difficult for the board. In 1917 a serious epidemic of diphtheria broke out in Invercargill. It extended

into 1918, and towards the end of that year there was the influenza epidemic, short in duration but deadly in results. These visitations over-taxed the resources of the board and threw a heavy burden on the hospital staffs. There were plenty of willing probationers, but trained staff had been depleted by doctors and nurses enlisting for service with the armed forces and on the hospital ships.

In April, 1917, the secretary, T. Pryde, reported on the diphtheria epidemic that was raging in the town. This, he said, had created a big demand on bed accommodation at Dee Street Hospital and also at the fever hospital at Kew. To cope with the demand two more tents had been erected at Kew, making five in all. The tents had been floored and made more comfortable for the damp weather. Forty-six patients were treated at Kew during March, a record, and 196 at Dee Street, also a record. The Riverton Hospital had taken some cases from Invercargill.

The board decided to erect shelters for Tb patients at Dee Street, thus making the isolation pavilion there available for the worst of the diphtheria patients, who could not be moved to Kew and should not be admitted to the general hospital because of the risk to other patients and to the nursing staff.

In May the board was told that the epidemic showed no signs of abating, that patients had again reached record numbers — 201 at Dee Street. The isolation accommodation there was being used for diphtheria patients, the Tb patients having been temporarily accommodated on the balconies at the general hospital, while the shelters were being erected. Another large tent had been pitched at Kew, and two more were added in May. During that month Kew had 79 patients. With as many as 116 patients at one time, Dee Street Hospital was overcrowded.

The old Bowmont Street home came into the picture once more. It was inspected to see if it could be used as a temporary hospital, but, great though the need was, the board decided that the condition of the building precluded its use.

The board no doubt did its best to cope with a serious situation, but the departmental view was that the board's best was not nearly good enough. The board was severely criticised by the Inspector-General, Dr. Valintine.

In July, 1917, an officer of the department visited Invercargill, and, after seeing the tents at Kew, told the board: "The department will not, in future, be satisfied with canvas and wood structures for patients suffering from diphtheria, or any other infectious disease."

The board's architect immediately prepared plans for additions to the fever hospital at Kew and sent them to Wellington. The department took months to return them.

These facts were given in a spirited reply to the departmental criticism prepared by the board's chairman, James Fleming.

Dr. Valintine had suggested that the Dee Street Hospital should be scrapped and a general hospital built at Kew, which Dr. Valintine described as one of the best sites in the Dominion.

Fleming described this as a remarkable change in official attitude. In June, 1917, an officer of the department had said that it would not be necessary for the board to shift the site of the hospital for many years. (The prediction was to prove more correct than even this departmental officer may have thought it would). Moreover, Fleming went on, the board had endeavoured to comply with an appeal issued by Dr. Valintine in December, 1915, that all hospital building, enlargements and additions should, as far as possible, be postponed until after the war.

"While the board may not have been as wideawake as it should have been to the serious nature of the epidemic, it was not fair for Dr. Valintine to try to place the entire blame on the board," Fleming said, and one is inclined to think it is a fair summing-up.

Wooden shelters erected at Kew for the accommodation of 50 diphtheria patients were completed early in 1918, and the severely criticised tents, which had done duty for 12 months, were removed.

By the end of March, 1918, the diphtheria epidemic had slackened, but there was still a heavy demand on the accommodation and other facilities at Dee Street. This was largely because of the number of returned soldiers requiring treatment both as in- and out-patients. The board considered that the Defence Department should make other arrangements for the treatment of the soldiers as overcrowding was fair neither to them nor to the civilian patients for whom the hospital was primarily maintained.

The influenza epidemic, which followed on the heels of the diphtheria epidemic, was much shorter in duration, but much more deadly.

In a report to the board on December 12, 1918, Fleming said that, though the outbreak was severe with a heavy death rate, it did not last very long. While it did last there was an unprecedented demand for hospital accommodation. Returned soldiers in the general hospital were transferred to a Convalescent Home at Waikiwi. As many patients as possible were discharged. The Girls' High School and the Technical College were converted into temporary, overflow hospitals, the latter being used as a children's hospital. A strong citizens' committee organised voluntary nursing and other help. Temporary hospitals were established at Gore racecourse, also at Wyndham, Balfour, Lumsden and Winton.

An interesting footnote to this report is that, although influenza entered 40 households at Stewart Island, there were no deaths from the disease. But throughout the Dominion the death roll was 5,471, or 50.16 per 10,000 of the population. Proportionately, Southland had the highest death roll, 444, or 74.81 per 10,000, and Wellington was next with 1,406, or 62.83 per 10,000. There had never been a visitation like it in the history of New Zealand.

The violence of the impact on public opinion is shown by various measures proposed, or carried out, after the epidemic.

Because of the conditions found in many of the homes visited by voluntary helpers during the epidemic and the ignorance of nursing and sick room cookery that was evident, the board carried this motion: "That the Minister of Education be recommended to make some

knowledge of sick nursing and sick room cookery compulsory subjects for females in any district where continuation classes are established by the department; also to recommend that these subjects be included among the subjects taught in the present high schools and technical colleges."

This would have been difficult to carry out, but a more drastic proposal of the Wallace Hospital Board was even more impracticable. It urged the Minister of Health to make it compulsory for all females, between 17 and 20 years, to attend classes for the study of hygiene, sanitation and care of the sick. The Southland Board thought the suggestion was good, but would be difficult to put into practice.

Two other resolutions inspired by the epidemic were "just received" by the board. One from the Wairoa Hospital Board suggested that the Government should conscript workers for service in connection with any future influenza epidemic, and the other from the Tauranga Board urged that all Maori pahs should be subject to rigorous sanitary inspection.

More practical action was taken by the Invercargill Vigilance Committee, which had been set up to assist in various ways in fighting the epidemic. The fear that haunted everyone was a recurrence of the trouble. To meet a new emergency, the committee improved its organisation. Invercargill was divided into districts, each district under the control of a committee, and various buildings in the town were inspected to determine if they could be fitted up as temporary hospitals in case of need.

The Hospital Board agreed to give a fortnight's training in home nursing to suitable candidates in the Invercargill and Gore Hospitals. The Technical College Board agreed to pay two-thirds of the fees of those taking instruction at the evening nursing classes at the college, provided they in turn agreed to place their services at the disposal of the Hospital Board, if called upon in an emergency. The Vigilance Committee decided to ask committees in the centres of Southland, where temporary hospitals were established during the epidemic, to keep the equipment, buildings and workers in readiness for any emergency. The emergency, fortunately, did not arise.

At the opening of a new wing of Kew Hospital in September, 1957, the then chairman of the board, J. A. Cushen, said that the first suggestion to abandon the Dee Street Hospital came about 1917 from the Inspector-General of Hospitals, Dr. Valentine, who indicated that he thought the Dee Street site was going to be too small for future developments.

As we have seen the suggestion was made in a flood of criticism of the board for its alleged sins of omission and commission in connection with the diphtheria epidemic that year.

The board probably realised, as well as Dr. Valentine did, that the Dee Street site was going to prove too small. Seven years before, the board's architect, E. R. Wilson, drew attention to a proposal of the Invercargill Borough Council to build a tramway powerhouse and sheds on the western reserve, and said that the proposal might, in future, interfere with the expansion of the hospital. The board felt that

it could not do anything as a board, although individually, as ratepayers, members of the board might protest.

Anyway, the council went ahead and built the powerhouse and the tram sheds, and the hospital was thus further cabined and confined. But it is unlikely that seven years later the board had any intention of an early shift to Kew. And neither probably had Dr. Valintine until the diphtheria epidemic arose. His strictures seem to have owed a good deal to hindsight.

But once the suggestion had been made the board acted on it promptly, or as promptly as might be expected considering its other pre-occupations.

At a meeting on June 13, 1918, the board decided to buy extra land at Kew for a general hospital, and to apply for authority to borrow £50,000 for hospital extensions to meet urgent and future needs. It was also reported that the architect had taken levels at Kew and was preparing a ground plan for the necessary buildings, for submission to the board and the department.

The following November the secretary reported that the architect had prepared plans for what in time would be a general hospital, capable of handling up to 500 patients, with the necessary kitchen, laundry, administration and staff accommodation. All wards were to be built with a northerly aspect to give them maximum sunshine. There was to be a central kitchen for all patients and the whole staff.

The main hospital entrance was to be from Kew Road, with a tradesmen's entrance from Bluff Road. The architect had also prepared plans for the nucleus of the hospital. This consisted of a two-storied ward for 60 patients, with laundry, kitchen and accommodation for the necessary nursing and domestic staffs.

The following year there were several developments. In February the Minister of Health consented to the erection of the first portion of the hospital and a nurses' home at Kew, at an estimated cost of £37,000.

Next month the board was granted authority to borrow £50,000 for the work, and about the same time the secretary reported that a further 15 acres had been purchased. This had given the board "a magnificent block of land which, with the original property, gives an approximate area of 36 acres, with frontages to Kew, Bluff and Elles Roads, ample for all hospital requirements for all time, and gives sufficient grazing land for the board to keep its own milking herd, and grow all vegetable foodstuffs for the different institutions that will later on be erected there. In connection with the last purchase (of land) our chairman, Mr Fleming, has given the board a splendid donation of £454/11/-, which, with the Government subsidy of 24/- in £, will provide £1,000 of the purchase money."

Towards the end of 1919 the board decided to have prepared final drawings and specifications for Kew Hospital as soon as possible to enable tenders to be called some time after the New Year. But in a report the secretary hinted at possible delay. He said the high cost of materials might affect the estimates made the previous year, and so the whole matter might have to be referred back to the department.

The plans and specifications were finally approved by the department early in 1920, but once again came the warning of possible delay. The secretary told the board that he had heard that the building programmes of other hospital boards had been held up by the extremely high cost of materials.

A report on the board's activities in 1920 said: "The proposed new hospital at Kew has not been commenced. Owing to the continued high cost of materials and the uncertainty of labour, the board has decided to hold over this work for the present. The plans have had the department's sanction."

An example of how building costs had risen as a result of the war was given at a meeting of the board on January 13, 1921. The original estimated cost of building Kew Hospital was £50,000; the figure had since risen to £80,000. Members were no doubt appalled by the rise. Anyway, they decided they could not entertain the proposal to build the hospital till there was a "definitely receding or receded market for materials."

But there was another factor which looked likely to become over-riding — the over-crowded state of the Dee Street Hospital. The report for 1922 said on this subject: "The board is now of opinion that, owing to over-crowding in the Southland Hospital and the apparent improvement in building conditions, the first portion of the new hospital at Kew should be put in hand as soon as possible."

The original intention was to build only a medical hospital at Kew and retain Dee Street for surgical cases. But during 1923 the plans were changed partly, it would seem, at the suggestion of departmental officers, and it was decided to build a complete hospital at Kew with accommodation for 120 patients. The estimated cost was £140,000. Plans submitted to the board on May 24, 1924, provided for a slightly larger hospital with accommodation for 144 patients. Then, further delay occurred because the board decided on a still larger hospital, for 156 patients. The estimated cost was £169,400. The department approved of these plans and tenders were called. But the lowest tender was nine per cent. above the estimate, and, with £11,000 for various extras, the cost would have been near £200,000, if this tender had been accepted.

The figure deterred the board, and the months went by without anything being done. The secretary, T. Pryde, tried to stir the board into action with a statement published on June 25, 1926: "Although an estimated expenditure of £200,000 on a complete new hospital at Kew is a very large sum, the expenditure will be spread over a number of years, and I can assure the board that the financial arrangements already made will pay the full cost without any increase in the hospital rate. The proposal now before the board means that in five years' time Southland would have a modern, well-equipped hospital, three times larger than the present hospital in Invercargill, which, no doubt, has faithfully served the needs of the community for the past 60 years, but has now, I venture to suggest, outgrown its usefulness."

But about this time the Government was in an economising mood. When the board discussed the matter with Dr. Valintine he asked for delay. He said he could not ignore the warning from the authorities in Wellington that he had to go slow in hospital expenditure.

So there was another delay, which went on month after month until in June, 1927, the board decided to hold over indefinitely the building of the hospital. There was talk of making additions to Dee Street, but Dr. Valintine did not favour these, and at a meeting of the board on March 16, 1928, he suggested a modified plan for a hospital at Kew. The following July the board decided, unanimously, to build a 137-bed hospital, later reduced to 124.

But it was easier to make decisions than to begin the building. Various factors caused delays. The Napier earthquake in February, 1931, was an indirect cause of delay. It resulted in new earthquake regulations for public buildings. To conform to these, the plans for the hospital had to be altered.

The delays gave rise to speculations and rumours. It was said that the board had abandoned the idea of building at Kew.

The position was clarified in a statement made by the chairman, T. Golden, at the October meeting of the board in 1932. In this he said: "There is a good deal of misapprehension regarding the new hospital. It is freely said that we are not going on with the scheme. . . . We are certainly going on with the new hospital which will be of three storeys. Furthermore the money for the scheme is all in hand . . . from the economic point of view the delay has been a blessing in disguise. Building costs have come down considerably. The nurses' home and the doctor's residence will be built according to the original plans. Modifications have been made to the main building, but I am sure it will be an admirable hospital. It is most satisfactory that the board will be free of debt despite its big undertaking."

A year later a tender for the erection of the main block of Kew Hospital was let to Wm. McLellan Ltd., Dunedin, for £134,698 — £3,607 below the architect's estimate, and nearly £7,000 below the highest of the nine tenders received.

The foundation stone was laid by the Duke of Gloucester on January 12, 1935. He was presented with a gold and greenstone trowel. The Minister of Health, J. A. Young, described the occasion as "a great day in the history of your hospital." It was another Minister of Health, Peter Fraser, who officially opened the hospital on March 20, 1937. It was the pride of Southland, one of the finest buildings of its kind in New Zealand, and the progress of the work had been followed with interest by many people over four years.

"The outstanding impression left on even the most casual visitors is that every advantage has been taken of modern science to ensure that those, to whom the hospital will be a home or temporary home, will have every need catered for," says a contemporary report. "There are more than 70 bedrooms in the nurses' home, which is in the easternmost building. Each nurse will have to herself a room fitted with wardrobe and dressing table. The matron has a suite and there are lecture rooms, sitting rooms and studies. Upstairs is a wide and sunny balcony."

One can well imagine the feelings of dismay of many people when the hospital was seriously damaged by fire in the early hours of the



MR J. W. BAIN, the first chairman of the Southland Hospital Board — from 1885 to 1889.



MR M. W. GRANTHAM, the present chairman of the Southland Hospital Board. He was appointed in 1966.



MRS HELEN McKAY, who was trained at the Royal Infirmary, Edinburgh, was the first matron of the Southland Hospital. She became matron in 1892, the year in which the first female nurses were appointed to the staff.



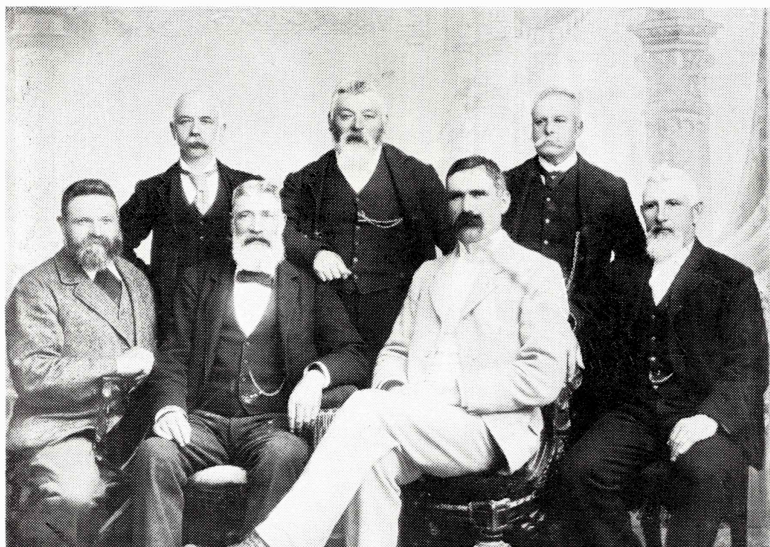
MISS J. EWART, matron from 1900 to 1924.



MISS ROSS, matron, 1926 to 1939.



MISS D. J. BUCHANAN, matron, 1939 to 1952.



This is a photograph of trustees responsible for running the Southland Hospital. The date is not known but it was probably 1898-99 as all those in the photograph were on the trust at that time. They are from left: Back row, J. Stead, Andrew Dunlop, J. R. Richards. Front row, W. R. Riddell, A. Carmichael, J. E. Watson (chairman) and T. Findlay. The trust was the controlling body of the hospital from 1885 to 1910.



In 1896 Miss Stewart followed Mrs McKay as matron of the Southland Hospital. Here she is seen with her nurses. Second from left is Staff Nurse C. E. Brown and third from left Mrs F. M. Clements, who later was matron of the Kaitangata Hospital for 30 years. In 1937 she was awarded the Coronation Medal for her services.



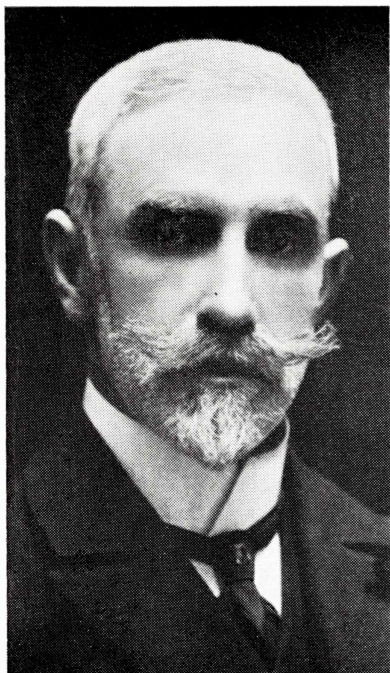
This shows the Victoria wing of the Dee Street Hospital built as the record reign memorial, that is as a memorial of the Diamond Jubilee of Queen Victoria becoming Queen. The people of Invercargill and Southland contributed more than £2,000 towards the cost.



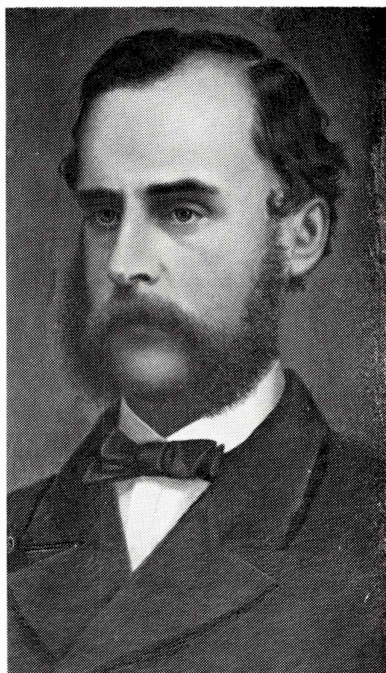
This is the Dee Street Hospital as it appeared about 1884. It was not such a large institution as the exterior view might suggest. The south wing (left), which was added in 1879, was the residence of the hospital surgeon. Except for a small ward for female patients in the centre building, the hospital proper was in the north wing, which was the oldest part, dating from 1862. Here were the wards for the male patients, who far outnumbered the female, and other necessary rooms. On the ground floor of the centre block there was a large dispensary, a board room, and a library. Upstairs was the female ward and two rooms occupied by the dispenser and his wife.



Southland Hospital Board 1959-62. Photographed in 1961, 100 years after the establishment of the first hospital in Invercargill. Front row (left to right): F. T. McKenzie, Mrs T. M. Watson, A. T. Newman, J. A. Cushen (chairman), Dr. J. A. Pottinger, Miss C. G. Porteous, A. Edwards (deputy chairman). Back row: T. H. Miles (secretary), G. D. Cochran, W. H. Soper, M. W. Grantham, M. K. Campbell, J. Dennis, R. J. Woods, Dr. H. Hunter (medical superintendent) and O. F. Metzger.



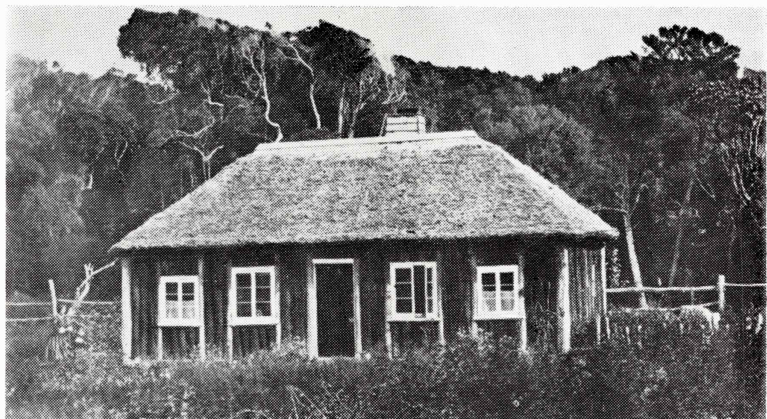
DR. N. G. TROTTER, a well known personality of Riverton, who was superintendent of the town's hospital from 1899 to 1933. He served the town in many ways, including the office of mayor.



DR. F. A. MONCKTON, an early resident surgeon of the Dee Street Hospital, who for some weeks ran the institution with a staff consisting of "a cook and a small boy". He was later one of the founders of the Riverton Hospital in 1878.



The nurses' home at the Dee Street Hospital. It was built in 1907 at the "blind end of Gala Street". It soon proved to be too small and was enlarged to about twice its size in 1915-16.



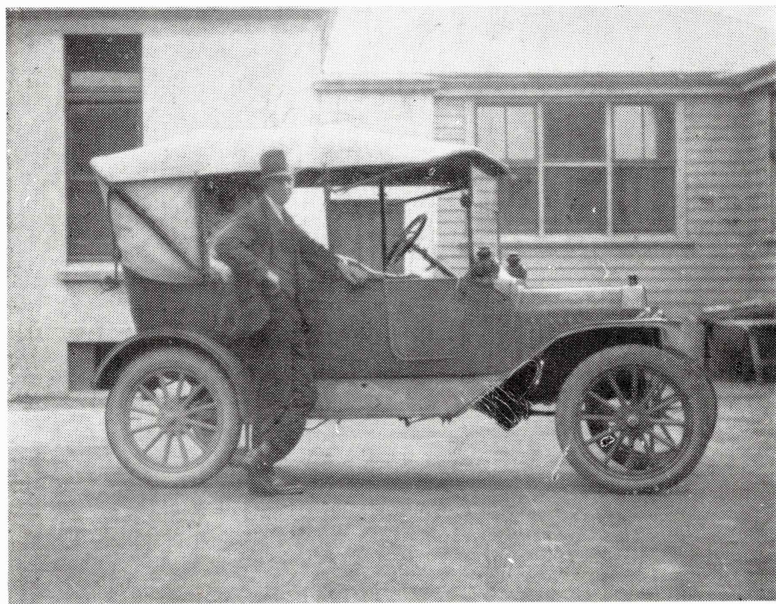
This house at South Invercargill, built about 1860, is a typical sort of residence of the period. Although such houses were often damp and draughty, the pioneers of Invercargill were generally healthy. However, when the population increased so did the danger of epidemics, largely because of poor drainage. The background suggests that in those days Invercargill was a village on the edge of the bush. Photograph kindly supplied by the Alexander Turnbull Library, Wellington.



NURSE ALICE CLARA SEARELL, the first district nurse in Invercargill. She trained at the Timaru Hospital and was for a year a sister at Dee Street Hospital. Then she was appointed district nurse, and this photograph shows her in her uniform and with her mode of transport. Early in World War I she volunteered for service and left with the first 50 nurses for overseas in 1915.



Members of the nursing staff of the Dee Street Hospital in 1911:
Nurses Wilson, Ross and Lyall.



This 1914 Ford was used as a laundry van by the Southland Hospital Board. Here it is seen in front of the laundry at the Dee Street Hospital. At the time it was broken down, and, judging from its appearance, that does not seem altogether surprising, though in the days when motorists had often to "get out and get under" the Fords were remarkably reliable machines.



This attractive looking young lady is Nurse C. E. Brown, the first probationer appointed to the staff of the Southland Hospital — in 1892, and the first to become by examination, a qualified nurse.

SOUTHLAND HOSPITAL, N.Z.

INVERCARGILL.

His is to certify that Miss C. E. Brown

has saved the year and the month as "October" and "November" came to the Scandinavian people, and so the present names of the months were introduced into the English language.

[Faint handwritten notes or bleed-through from the reverse side of the page.]

402 Queen and Essex mans. 21st Dec 1887.

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This photograph of the sisters at the Southland Hospital was taken in 1939, just prior to the retirement of Miss Ross from the position of matron. Back row: Sisters A. Gawn, R. Egan, C. Davidson, K. Hilliard, M. Egan. Middle row: Sisters D. A. White, H. Clouston, E. McMillan, McLeod, M. Robertson, J. Campbell. Front row: Sisters H. Burnett, E. A. Rose, Miss Ross, M. Campbell, E. Smith. Inset: Sister M. Bell.



This picture shows Southland nurses who took part in a pageant of nursing staged at Oamaru in 1942. Mrs Elizabeth Fry, Florence Nightingale, Edith Cavell are among the historical persons represented, and Sairey Gamp, one of the immortal characters of Charles Dickens, is also there.



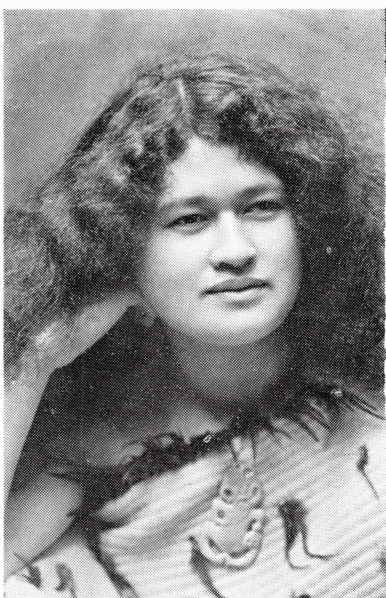
Since it was formed in 1885, the Southland Hospital Board has had eight secretaries, including the present secretary, Mr T. H. Miles. For nearly 32 years from March, 1908, until 1939, when he retired, Mr T. Pryde was secretary and he, therefore, had much the longest tenure of the office. He was also secretary of the Waipiata Sanatorium Committee from 1923 until he retired. Following his retirement he was elected to the board as one of the four representatives of Invercargill city. He died on December 28, 1944.



An early photograph of Gore Hospital nurses with the medical superintendent, Dr. J. E. Rogers. Dr. D. Macgregor, inspector general of hospitals, on an occasion in the early years of this century complained about the inadequate head-dress of the nurses, and of the amount of hair showing beneath. He condemned this in the interests of hygiene. Compare the head-dress in this picture with that in another group of Gore nurses taken years later. Dr. Macgregor's criticism seems at last to have been heeded.



Another early graduate in nursing at the Southland Hospital, Nurse Sproule.



MISS LINA TE AU, who qualified as a nurse at the Southland Hospital in 1913.



MISS CHARLES and MISS RUTH BRIDGES who qualified in 1926. Miss Bridges was first tutor sister at the Southland Hospital, later was principal of the Nurses' Post Graduate School, Wellington, and then from 1949 to 1950 director of the Division of Nursing.



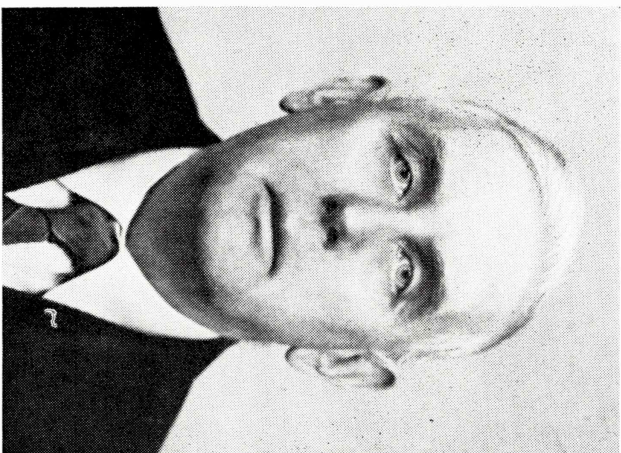
SISTER E. BISSET, assistant matron at the Southland Hospital from 1923 to 1925. She was well known in later years as Mrs Marshall, supervisor for State nursing examinations.



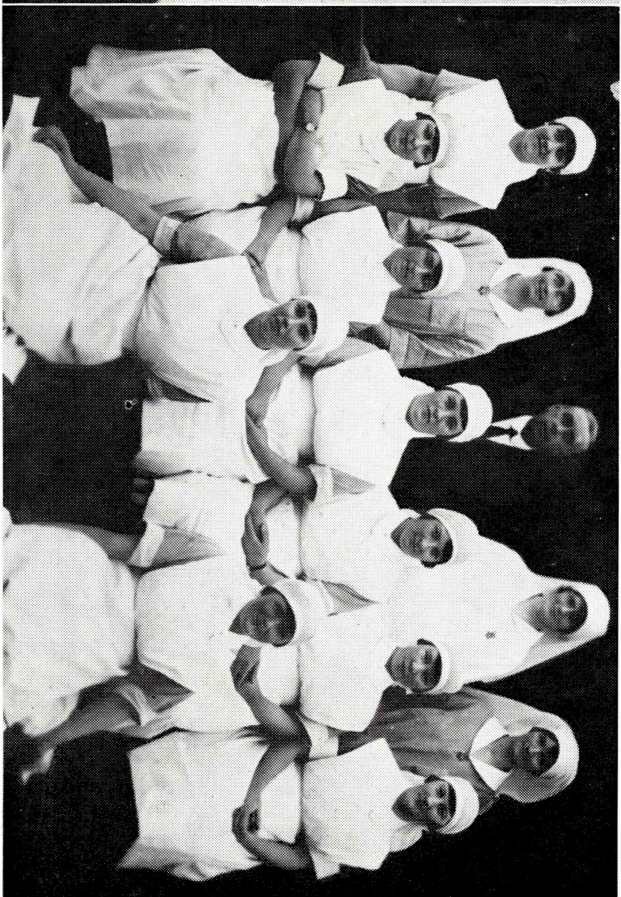
Nurses' home at the Gore Hospital opened on April 30, 1928. The building of the home was made possible by a bequest of £2,000 under the will of Peter Anderson.



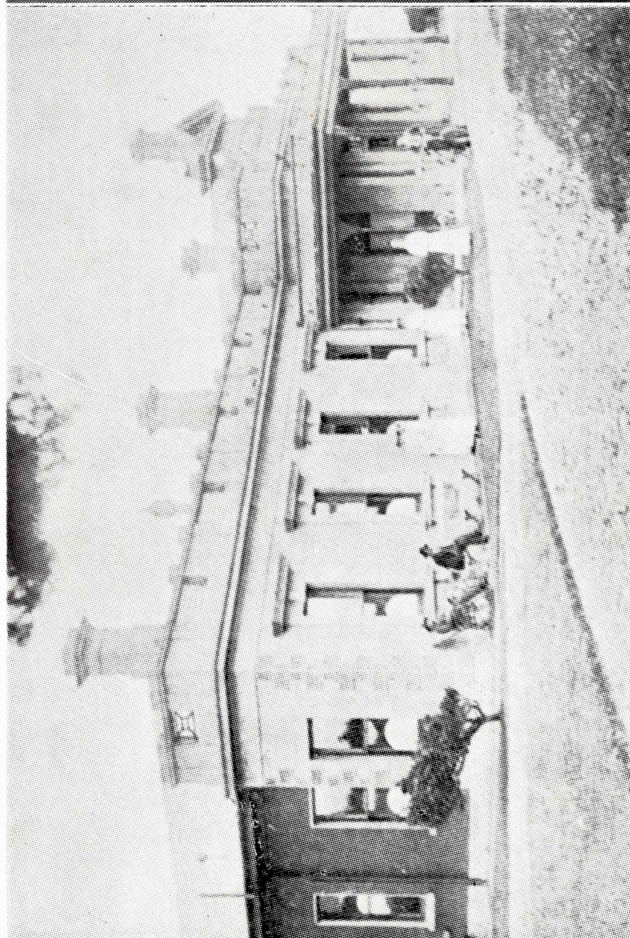
Gore Hospital opened on October 13, 1909. This is a contemporary description: The structure is of brick finished with cement dressings, the window jambs and facings being of white sand brick (coigns) with concrete sills also cemented. The building has a northerly aspect, two spacious verandahs having glass sashes at each end to prevent draughts, with cement floors and iron posts, providing any amount of room for convalescents to take the air. These verandahs are divided by a portico which leads to the main entrance hall.



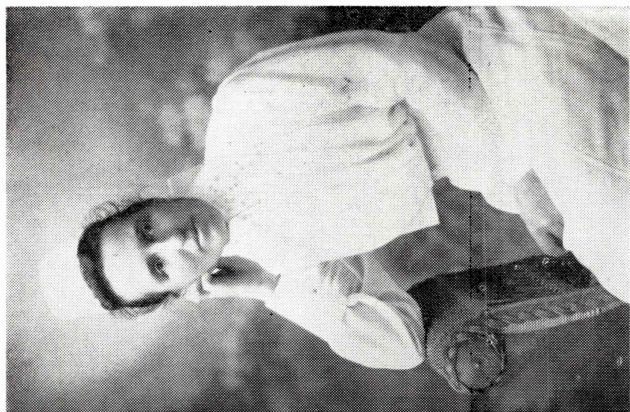
DR. JOSEPH E. ROGERS, first medical superintendent of the Gore Hospital, a position which he filled for 42 years from 1909 to 1951.



Nurses of the Gore Hospital photographed with the medical superintendent, Dr. J. E. Rogers.
Back row (left to right): Stewart, Turner, Ross, McCrosbie.
Middle row: Moore, Barker, Hopkins, Ward, Varcoe, Murchison.
Front row: Clayton, Pearce.



An early view of the Riverton Hospital, which was opened in 1878. A complaint at one period was that residents of Riverton and district were by-passing this hospital in order to enter the Invercargill Hospital. It is doubtful if there was much substance in the complaint as the Riverton Hospital was quite well equipped for the period, and in any case had provided treatment for Invercargill patients.



MISS JANET MCGREGOR, matron of the Riverton Hospital from 1913 to 1922.



Theophilus Daniel, John Petchell and George O. Cassels had prominent parts in the founding of the Riverton Hospital, which was known as the Wallace and Fiord Hospital. Each gave good service to the town and district in civic affairs and in other ways.

morning of August 1, 1939. The fire started in a storeroom on the top floor and spread quickly to the roof, which was damaged for practically the entire length of the central block. Several small wards on the upper floor were damaged, and all the wards in the block were saturated with water. The Invercargill Fire Brigade fought the flames for three hours before they were completely extinguished.

Nurses and other members of the hospital staff did splendid work in getting the 129 patients out of the building in a very short time, and also in removing nearly all the beds, bedding, lockers and belongings of the patients before they were damaged by water. None of the patients seemed to suffer from what to some must have been an alarming experience. There was no panic.

It was suggested that the lower wards might still be used, but it was quickly realised that rain would leak down to them from the damaged roof, and in any case the operating theatre was out of commission. The damage here was one of the most serious results of the fire. Costly equipment and apparatus were ruined, or impaired, by smoke and water.

A few patients, who were on the eve of discharge, were allowed to go home, and so were some who were assured of adequate attention. But accommodation had still to be found for 100. By this time the home at Lorne farm had been closed for about two years. It was decided to re-open it, though it was in no condition for patients. However, a band of nurses and others got to work and cleaned the wards, kitchen, pantry, corridors. Carpenters, plumbers and electricians made necessary repairs and installed necessary fittings, and in a surprisingly short time Lorne was ready for patients. It received 80 from the Dee Street Hospital, and another 20 from there were sent to Riverton. Thus a sufficient number of beds were left vacant at Dee Street for the patients from Kew.

It was a big job — 200 patients had to be transferred — but it was done expeditiously thanks to a ready response from motorists to an appeal for transport.

There was considerable delay in getting the building repaired. The Health Department insisted that the two undamaged side wings, as well as the damaged central block, should be re-roofed with fibrolite instead of slates, and that the building should be strengthened to make it earthquake proof. Board members could not see why the undamaged slate roofs should be replaced, or the need for strengthening the building. As one member said, "I thought we had the only earthquake-proof building in Southland." But the will of the department prevailed, the work was put in hand and the hospital re-opened on December 12, 1940.

The new west wing was opened in September, 1957, by the Minister of Health, J. R. Hanan. This is a four-storey building with accommodation for 30 patients on each floor. The cost was £230,000, a figure which would have staggered hospital administrators not so many years ago, but which hospital boards now take in their stride. They have come to accept as normal costs which earlier boards would have regarded as astronomical.

At the time of writing the Howard Hunter clinical services block, named in honour of a doctor who gave long service to the Southland Hospital as medical superintendent, is under construction at Kew. Thus the facilities are being enlarged to meet the needs of a growing population.

A development within recent years is the erection of chapels at Lorne, Kew, Gore and Riverton Hospitals. The Lorne chapel is named in honour of John Matheson, chairman of the board from 1922 to 1932 and a benefactor of the hospital. The movement to have the chapels built was initiated by the present chairman, M. W. Grantham, and his persistency and enthusiasm were largely responsible for the successful outcome. The chapels are for the use of all denominations, and they are greatly appreciated by patients and by the relatives and friends of patients.

Benevolent Institutes

The committee, which controlled Southland district hospitals up to 1885, was concerned only with the sick and injured. It did not provide charitable aid for the needy. This was made clear on an occasion in 1877, when the Southland County Council asked the committee if it could find employment for a destitute woman with one child. In its reply the committee made no reference to a job for the woman, but said that, according to the rules of the hospital, only medical and surgical cases could be admitted, and then only on the certificate of a doctor.

Commenting on the case of an old man, who had been charged with having no lawful, visible means of support, *The Southland Times* said: "This is one of a class of cases which are likely to become more numerous as our population increases, and sooner or later the city will have to take in hand the establishment of a benevolent institution where such men may not only find food and shelter, but be profitably employed."

In spite of its rules, an effort was made to induce the committee to administer charitable aid, and thus save the expense of a separate organisation, but the committee was not prepared to accept the additional responsibility. So a Benevolent Institute was formed at a public meeting in Invercargill on November 23, 1877.

There had been an earlier institution with the same name, formed on June 5, 1864, at a general meeting of subscribers to a charitable aid fund that had been raised in the town. The object was to put the administration of charitable aid on a proper footing. A committee was elected. It consisted of the officiating ministers of all the religious denominations in the town, plus 12 laymen. These advertisements appeared in *The Southland News* of July 14, 1864:—

"Invercargill Benevolent Institution.—The benevolent are respectfully informed that donations of food and clothing in aid of the poor will be thankfully received at the hospital, where provision has been made for their reception. Flour, tea and sugar are at present most needed.—James P. Murray, hon. sec."

"Destitute persons requiring relief in food or clothing may apply at the hospital daily between the hours of 10 a.m. and 12 noon."

In August the institution advertised for tenders "for the supply of flour, tea, sugar, salt meat, potatoes and sago."

Not a very well balanced diet. There is an obvious lack of green vegetables, but at that time these were hard to come by in Invercargill in the late winter and early spring. Apparently, few of the citizens had either flower or vegetable gardens.

There was a proposal to erect accommodation for the destitute should this be found necessary. It may well have been during the hard times that came on Southland in the late 'sixties, but no home was provided.

The institute was of chief benefit to women with children whose husbands had either deserted them or gone to the diggings. In some cases husbands had combined desertion with digging for gold. A Ladies' Benevolent Society was mainly concerned with the supply of clothing. The institute faded out with the coming of more prosperous times in the early 'seventies.

The institute formed in 1877 started with little money. It was as poor as those it sought to help. It was dependent on subscriptions and on the proceeds of concerts and such like money-raising means.

In a review of the year 1877, The Weekly Times said: "The starting of a Benevolent Society has not been occasioned by an increase of want or destitution, but by a desire to reduce the giving of relief to the destitute to something like a judicious system, instead of relying on any spasmodic effort which may be liberal to one and parsimonious to another object of charity. Taking all things into account, Southland, both in town and country, is in a decidedly prosperous condition, and there is much for which the residents have cause to be thankful." This was no doubt correct, but harder times were ahead.

The Benevolent Institute was hampered in its work because it had no building where it could provide even temporary accommodation for the homeless. An appeal was made to the Government, which allowed the institute to have the temporary use of three Government cottages in the town, and also granted the institute part of Block 49, Bowmont Street, where in due course the Hospital Board was to build its home for the aged, the needy and neglected children. The institute made no use of the land as a building site.

Though it had been in existence for only five months, the first annual meeting of the institute was held in February, 1878. During the five months £61/14/5 had been spent on relief for 13 families, consisting of four male adults, 13 female adults and 25 children, or 42 people in all. The relief worked out at 1/6 per person per week, or £3/3/- a week for the 42. The institute had received £372 in subscriptions and donations, and, perhaps, it did not deal more liberally with those 13 families because it desired to accumulate a building fund. But the committee reported that the demands for relief had not been as heavy as had been expected and the resources had not been heavily taxed — a rather obvious conclusion.

However, if there was going to be a building there must be more money and various means were used to raise it. In May, 1878, an exhibition of paintings and handicrafts was held in Ramsay's Hall, on the site which later, for many years, was occupied by the shop of Thomson and Beattie. One of the wonders of the age on display was a telephone. It was connected with Dunedin, and, according to a report of the exhibition, "perfect communication was established, the click of the instrument in the Dunedin office being distinctly heard, but, when it was sought to communicate verbally, the noise made by the large and increasing crowd of pleasure seekers in the hall below quite drowned the sound, and beyond several distinct 'cooeys' from the Dunedin end nothing was heard."

But next morning the calm of the Sabbath favoured communication, and it was established. From Dunedin those listening in Invercargill heard the National Anthem and "Hold The Fort", the latter, a revivalist hymn, no doubt being a concession to the day.

A means of raising money at the exhibition was the sale of photographs of an imaginary Benevolent Institute building. The actual building seemed as far off as ever.

Money sometimes came from unexpected sources. One Sunday night three youths created a disturbance on a train travelling from Bluff. (There were juvenile delinquents in those days, too, though they were generally known as larrikins). Their parents had sufficient influence to induce the railway authorities to stop a prosecution on payment of £5 each, the money to be divided between the hospital and the Benevolent Institute. The Southland Times, while considering these hush-hush proceedings were "gravely open to question", consoled itself with the thought that "the delinquents were punished, perhaps as heavily as if they had interviewed his Worship." But, of course, their names were not published, though in such a small town as Invercargill then was, no doubt nearly everyone knew who they were.

A sum of £47/2/6, subscribed by the employees of Wantwood Station, Mandeville, for the hospital and Benevolent Institute brought this comment from The Southland Times: "Hospitals and benevolent institutions have special claims upon such as these, and, although they may demand the liberal support of all classes, yet there is a class, the unsettled and those who are engaged in occupations of greater or less peril, who should contribute more ungrudgingly than others, for the institutions above named are their only refuge in time of trouble."

So the money came in, but nothing was done towards erecting the building. The committee of the institute found that they could not get a title to the land that the Government had made available in Bowmont Street. The reason was because the institute was not incorporated and was, therefore, not a legal entity. It could not acquire titles to land, at least not to Crown land. To remedy the defect steps were taken to incorporate the institute under the Friendly Societies' Act and the institute was incorporated in October, 1880.

Those who attended the third annual meeting were assured that the institute had been able to meet all reasonable and deserving demands during the year. Relief to 119 people had cost an average of £5/15/- a head.

There was nothing of the munificent manner in which, according to a newspaper paragraph which appeared in 1880, charitable aid was dispensed in the "bucolic township of New Plymouth." This said that a voucher for supplies to a destitute sick person provided for liquors of various kinds, tins of salmon and a walking stick.

During 1881 the institute spent an average of £9/15/- a week on relief for 67 people, including children. There were 12 widows and eight bedridden people, who were probably more or less permanent charges.

Those who ran the institute seemed to change their views as to the need for a building to carry on the work more effectively. At first they thought this a prime necessity; a few years later it scarcely ranked as a necessity at all. The report for the year ended April 30, 1883, after noting that £75 had been expended on rent for various persons, commented: "Although this may seem to point to the conclusion that it is desirable, as soon as possible, to erect a home for the infirm and poverty-stricken, such a conclusion is scarcely justifiable, the rent paid being in most instances the best practical form of relief by preventing a large number from becoming chargeable." This report also expressed the conviction that "in no instances has the affording of relief by the society operated to prevent the exercise of self-reliance, or to encourage pauperism."

The committee certainly administered its funds very carefully as no doubt it had need to do to maintain the confidence of the subscribers, especially in face of the known fact that some towns in New Zealand depended solely on the Government for relief funds. People in Invercargill were beginning to ask why should not the institute do likewise.

The committee did get Government money — a £ for £ subsidy on all money subscribed, and this led to what some people looked on as a sharp practice, though others seemed to think it was one of those inventions born of necessity.

Money collected to help an individual or one family was passed through the books of the institute so that a subsidy might be paid on it. Of each pound of subsidy thus obtained the institute took 13/4 and 6/8 went to the person or persons for whom the money had been collected.

This provoked a long discussion at the annual meeting of subscribers in 1884. Some members thought this method of obtaining money was near dishonesty, but others were inclined to defend it on the ground of necessity, or, in other words, on the dangerous principle that the end justifies the means. They said, too, that the Government knew of the practice and had not objected. A similar institute in Dunedin was said to have done the same.

But it is clear from a report of this annual meeting that members generally were not happy about the business and, though no motion was passed, there seemed to be a tacit understanding that there would be no more of it.

In any case the institute was nearing its end. Following the establishment of the Southland Hospital and Charitable Aid Board, a meeting of subscribers to the institute (on November 20, 1885) passed this motion: "That in the opinion of this meeting it is desirable to adopt the suggestion that the Southland Benevolent Institute and the Southland Hospital should amalgamate and should in future be administered as one institution under the Hospitals and Charitable Institutions Act 1885."

But as in 1877 so in 1885, the Hospital Committee did not want to be saddled with the responsibility of administering charitable aid. In this it had the law on its side. Hospital Boards were charitable aid boards, and it was their responsibility. So the Southland Board took over the administration of charitable aid. Nevertheless, in June, 1888,

a Charity Guild was formed in Invercargill. The depression, which afflicted New Zealand throughout the 'eighties, had deepened and distress was widespread. Those who formed the guild thought it was necessary to supplement the work of the board, which, because it was spending ratepayers' money, could not be as flexible in its administration as a committee handling only voluntary contributions. The guild also thought that it would be in a better position than the board to prevent impostors getting relief to which they were not entitled, and in helping those who really wanted work to find it. A payment of not less than 1/- a quarter entitled anyone to membership of the guild.

An early attempt by the guild to prevent imposition was this notice which it asked ministers of churches in the town to read from their pulpits: "That in view of the fact that many cases of imposition on the part of applicants for charitable relief have become known, and that in other cases the relief granted is often abused, persons to whom applications for relief are made are requested, in the first instance, to send applicants to the president of the guild."

The report presented at the first annual meeting of the guild on June 11, 1889, said it was for the subscribers to decide whether the guild should be continued. One thing seemed certain. With the amounts allowed by the Hospital Board and the scarcity of work suitable for women, there must be an organisation to assist them, or they must beg from door to door. There would always be cases that the board could not assist. It was decided that the guild should continue but it does not seem to have had a very long existence.

However, there were other organisations such as churches, friendly societies, lodges and trades unions to assist those who, for various reasons, did not qualify for charitable aid, and besides, as the 19th century drew to a close, New Zealand became more prosperous.

CHAPTER 7

Human Tragedies

There are hints of tragedy in the minutes of the first Southland Board, an inevitable result of its charitable aid work in which it met the miseries that old age, ill-health and man's inhumanity to man bring to human beings.

One of the first of these tragedies may be named "the case of the leprous Chinaman". There are no details, just passing references. There is nothing to show how or where the disease was contracted, how long the man had had it by the time the case was brought to the notice of the board, or what eventually happened to the patient.

The first reference to the case is in the minutes of a meeting on May 18, 1886, when the board instructed its secretary to write to the trustees of the Wallace and Fiord Hospital (Riverton) asking them to take charge of a leprous Chinaman, Kong Lye, who was being provided for by the Wallace County Council.

But the trustees refused to accept the responsibility, even though the board offered to meet the expense.

So the Wallace County Council was asked to continue looking after the patient. The board met the cost for about a year, and then decided that this duty devolved on the County Council, which was presumably left to provide for the man as it had done previously.

At that time there was nothing anyone could have done to cure the disease or arrest its progress. For the protection of others the man had to be isolated and no doubt the council could do that as effectively as the board. It was the cost of maintenance that really concerned board and council.

The lure of gold brought many Chinese to Otago in the early days, and later they came to Southland, too. There was a settlement of Chinese at Roundhill when gold was being won there. A few Chinese seem to have had leprosy. This paragraph appeared in *The Tuapeka Times* towards the end of 1877: "The lazerette, built some years ago on a spur at Tuapeka Flat for the reception of a Chinese leper, after remaining for a long time without an occupant, has again been tenanted. . . . The police are seeing that his wants are attended to. The case is not a serious one, but, as the disease is one from which there is no hope of recovery, we suppose he will remain in his present quarters till death overtakes him."

On several occasions the board was asked to provide relief for destitute Chinese, but it should be noted that some Chinese, who were able to do so, subscribed to the funds of the board. Nevertheless, the board tended to the view that these destitute people should be sent back to China. Once it communicated on the subject with the Chinese Consul in Wellington, but with what result does not appear.

Another case of leprosy was reported in 1887. A Portuguese, who had been rabbiting in the Nightcaps district, was admitted to the Dee Street Hospital, but, when it was found he was suffering from leprosy, none of the local authorities wanted to have anything to do with him. He was turned away from the hospital and was wandering about Invercargill when the police intervened. The man was re-admitted to the hospital until the Invercargill Borough Council, as the local board of health, could make other arrangements for his care.

A dispute between the board and the trustees of the Southland Hospital arose over an old man who had been in the hospital two years, helpless with rheumatism. He could not use his legs. The hospital surgeon could do no more for him and decided to send him to the Bowmont Street Home. But there he was refused admission, because there was no order signed by two members of the board. He was taken back to the hospital, but was refused re-admission.

The old man made three trips between hospital and home in cold weather, and then the cab driver took him to the police station, but the police refused to interfere. At last two members of the board were found and they signed an order for his admission to Bowmont Street.

As a result of this case, the board decided to inform the trust that in future, before patients could be admitted to the home from the hospital, the trust must give notice in writing. No person would be admitted to the home until his case had been considered by the relief committee, and he had been examined by the board's surgeon.

No doubt rules of admission were necessary, but it is difficult to escape the conclusion that here is a case in which Bumble would have revelled.

There are one or two references in the minutes of the board to the case of Minnie Dean, the Winton baby farmer, the only woman hanged in New Zealand for murder. The year was 1895, and at a meeting on July 11 of that year the board refused to recognise a claim for £8 made by the police to cover the cost of burial of infant victims. The board considered this was a responsibility of the Government. Children taken from the Dean's house had been placed in the Bowmont Street Home by the police, and, apparently, without the approval of the board, which considered that the care of the children was also a responsibility of the Government.

It may have been a result of the Dean case that the board decided on October 10, 1895, that all houses, to which the board sent children to be boarded, should be registered.

Though it had quite a number of destitute children under its care, the board was prepared to accept more to save them from being committed to an industrial school, a usual fate for unwanted children at that period. In 1888, during a visit to Invercargill of the Premier, Sir Harry Atkinson, the board sent a deputation to wait on him with a request that magistrates should be instructed "before committing neglected children to industrial schools to confer with the board of the district, to which such children appeared to belong, for information as to whether such board was prepared to take charge of the children."

Following a meeting in October, 1904, this paragraph appeared: A glassy stare of disapproval is the almost invariable reception accorded by the Charitable Aid Board to applications from kind persons, who wish to receive "a nice, strong boy into a happy home, if the board has any boys to spare." An application was received on Thursday from a farmer stating that he would give him a good home and send him to school. The board thought that most of the schooling would be in the direction of hoeing turnips and milking cows, and resolved to reply that there were no suitable boys available.

In addition to neglected children, there were the children of women whose husbands had deserted them. These, too, were a responsibility of the board. Generally the mothers were the recipients of outdoor relief, and it seems that, even allowing for the greater value of money then, than now, the board was not over-generous in its grants. A woman, who had been deserted by her husband and left with eight children, was granted only 7/6 a week; and a widow with six children, whose ages ranged from 3 to 13, was allowed 7/-. Another woman, who applied for a grant, said she had five children, three at school. She lived in a house in North Invercargill for which she paid 5/- a week. In granting her 6/- a week, the board advised her to get a cheaper house. It is hard to believe that even in 1896 it was possible to rent for less than 5/- a house that would be adequate for a mother and five children.

Distress was widespread. In addition to the inmates of the Bowmont Street Home, the board helped a large number with outdoor relief. The help seems small by present-day standards, and was not lavish by any standards, but due allowance must be made for the lower costs of everything. Grants ranged from 2/6 to 10/- a week, most averaging round 5/- to 7/6. An outdoor relief roll of 1896 has 86 names. Total relief for a week was £21/4/-, which gives an average of 4/9 a recipient. Not very much, and no doubt many of the recipients had dependents. In the light of this, the first New Zealand old age pension of 7/- a week looms larger. This pension, which came into force in 1898, marked the beginning of what has developed into the modern, elaborate social security structure.

Granting of the pension resulted in a considerable reduction in the number of cases dealt with by the board. Many people, who had been receiving help, were removed from the relief lists because they had become pensioners, but the Old Age Pension Act of 1898 did not cast a very wide net. There were still deserted wives and their children, neglected and illegitimate children and old people, who for various reasons did not qualify for the pension. All these and others remained the responsibility of the charitable aid boards.

The Southland board did not favour giving relief without some return in the way of work, where this was possible. This extract from a report of the board's relief work for the year ended March 31, 1888, shows that: "In all cases in which it has been possible to institute a mild labour test, it has been done, some of the male recipients having been employed at the home (Bowmont Street) and grounds, and some of the females in knitting, making or mending of clothing, washing, cleaning, etc. The above remark is intended to apply more particularly

to receivers of outdoor relief, the inmates of the home being expected, at all times, to employ themselves in any requisite work of which they are capable."

Deserted wives were always with the board. The same report expressed regret that "in most, if not all, cases of women whose husbands have left, ostensibly in search of work, much laxity has been manifest in the conduct of the husbands, a remittance-in-aid seldom, if ever, arriving."

If the husband would not come back to his wife, then the board thought it a good idea to send the wife and any children back to the husband, if he could be located. On one occasion the board made a small grant towards helping a woman and her family to join her husband in Melbourne.

Fares were remarkably cheap in those days. It was possible to book a passage to Britain for £15, and, according to a record in the board's minutes, the fares of a whole family (number not stated), who wished to return to Adelaide, was to be about £13.

A few cases are recorded of people declining further help because their prospects had improved. A letter was received by the board from a North Invercargill family saying that the husband had obtained work, thanking the board for the relief granted and declining further aid. This impressed the board which directed that the letter should be minuted.

By the beginning of this century the depression that had afflicted New Zealand in the 'eighties and 'nineties had passed, but, though poverty and distress had been diminished, they had not been abolished. In "State Experiments in Australia and New Zealand" published in 1902, W. Pember Reeves wrote: "Though dire poverty in New Zealand is almost confined to deserted wives and children, and to a few loafers, drunkards and weaklings, still the Fortunate Isles have not escaped the curse of pauperism. The State has not only to provide hospitals and lunatic asylums, but also to furnish what in the Colonies is called charitable aid. Of £80,000 spent in public charity in 1900, three-fourths came out of the rates and taxes. There are old men's homes — not unpleasant refuges — a reformatory for criminal children, and industrial schools for the children of parents destitute or untrustworthy. Over and above all this, there is a system of outdoor relief presided over by 23 district bodies called Charitable Aid Boards. . . . Part of the money thus expended is found by the Central Government, which in 1900-01 paid £33,000 to the Charitable Aid Boards out of revenue, and the temptation to local distributors to over-spend occasionally is, of course, strong."

New problems of relief faced the board as a result of the 1914-18 war. In a report in 1916 the secretary, T. Pryde, said he could see increased calls being made for charitable aid, a direct outcome of the war. Because of increased cost of living, many families were having hard times, and in the interests of the children it might be necessary for the board to do something to help them.

Pryde went on: "While I am aware that at the present time a great many deserving families are having a pretty hard time, I would at the same time remind the board members and the charitably disposed public of the need of proper investigation being made in all cases to prevent the exploitation of public and private charities by a certain undeserving class. In my opinion this is somewhat easier of accomplishment at the present time, owing to a number of societies for the alleviation of distress having sprung up in our midst as an outcome of the war. In the best interests of all parties concerned, it would be as well if such organisations and private and church charities were to know a little more than they do about each other's work, so that any attempt at exploitation or over-lapping might be detected and prevented."

A case that may not have been typical was that of a woman whose husband was serving overseas with the N.Z. Expeditionary Force. Because she had several children she applied to the board for aid. The board expressed the view that the wife of a man, who was fighting for his country, should not have been driven to seek charity. The board decided to consult the Gore Patriotic Committee. A body known as the Gore Defence Committee later reported that they were paying the woman a weekly allowance.

At Loggerheads

In 1889 a row blew up between the Southland Hospital Board and the Southland Hospital Trust over a requisition for £1,000, which the trust made on the board for enlarging and improving the hospital. A deputation from the trust, which waited on the board on April 23, 1889, said the female ward was full. The additions and alterations would make accommodation for six or eight additional patients.

At the same meeting a request was received from the trustees of the Frankton Hospital for permission to borrow £350 for building works at the hospital, and the board thought the Southland trustees might do likewise — borrow the money.

The reply to this was that the Frankton and Arrow hospitals were more like private than public hospitals (presumably because there was a greater insistence on patients paying fees). By contrast the Southland Hospital served the poor of a very large district.

Members of the board were not impressed. They continued to insist that, if the trust wanted £1,000, it should borrow the money.

The trust decided to favour borrowing, provided the money was borrowed by the board and handed over to the trust. The board, trust members argued, could offer the better security because it had rating powers. Some trust members doubted whether the trust could offer any security because it did not own the land on which the hospital stood, but held it on sufferance from the Invercargill Borough Council.

This was not the position. The hospital was on land vested in the superintendent of Southland for hospital purposes in 1863 and title could be secured for the nominal sum of 18/6.

The trust told the board that, if it thought the trust's request was unreasonable, it had the right to appeal to the Colonial Treasurer. The trust was quite willing that this should be done.

The next move came from the board. It appointed its chairman, J. W. Bain, and J. W. Mitchell to investigate the accommodation and management of the Dee Street Hospital, and also visit the Dunedin Hospital to gather comparative information.

The conclusion of Bain and Mitchell was that, provided certain alterations were made, there was no need to enlarge the hospital except, perhaps, by the erection of a wooden building to serve either as a fever ward or as accommodation for nurses.

They said in their report that half the accommodation at the hospital was occupied by four people — the surgeon and his wife, the dispenser and his wife. The whole of the south wing, which had four rooms on the ground floor and six upstairs, was used as the surgeon's residence. Some of the rooms were not used. In the central block there were two wards upstairs for female patients, but one, and an adjoining

bedroom, were occupied by the dispenser and his wife. The ground floor of the central block consisted of a large dispensary, a board room and a room that was called a library. On the ground floor of the north wing there were two large wards, a large dining room, bathroom, linen closet, large kitchen, pantry, porch and washhouse. Upstairs were three wards and three wardsmen's rooms. The fever ward was some distance west of the main building. Built in brick at a cost of £800, it had several rooms but was seldom used.

The report suggested that, if the dispenser was a single man, he would need only one room, and, if the surgeon was single, he would need no more than two rooms. In this way extra accommodation could be provided for patients. The board room and library might also be adapted for patients.

As regards staffing, the report suggested that female nurses alone should be employed, say, two trained nurses, one to be the matron, and three or four probationers. The fever ward could be converted to serve as a nurses' home, and another fever ward built in wood, or else a nurses' home, in wood, might be built.

Mitchell told the board that it would be unwise to spend too much on the hospital. In a few years' time a new and properly equipped hospital might be built on another site. To go on adding to, and tinkering with, the present building would be like putting new patches on an old coat. The hospital was not properly constructed — the wards were too small.

"The board has a duty to protect the interests of the unfortunate ratepayers from whose pockets the money will come," Mitchell said.

The board adopted the report and, having done so, it had to rescind a motion giving leave to the trust to borrow the money.

The report annoyed members of the trust, who described it as "outrageous and insolent". The trust was well aware of the defects of the hospital. There was only one bathroom in the whole place, and it had to serve staff and patients, both male and female. There was no inside water closet. There was no accommodation for "a refractory lunatic suffering from an acute disease and requiring medical attendance." The south wing had been built as a doctor's residence and was not suitable for hospital purposes. The board room and the library, which was used as an office, were required for their present purposes.

The trustees were satisfied that the additions and alterations proposed were decidedly necessary. As many as 43 patients had sometimes to be accommodated. They feared complications if the surgeon and dispenser were single men and only female nurses were employed.

The dispute was referred to the inspector-general of hospitals, Dr. MacGregor, who made this report: "The Southland Board has had to find for the Frankton and Riverton Hospitals sums out of all proportion to the contributions of those districts, and sums which, especially in the case of Riverton Hospital, were extravagantly spent. After such an experience the board has awakened up to the necessity for economy, but, unfortunately, they have taken up a stand in the wrong place by

refusing the £1,000 asked for to carry out necessary improvements at the Invercargill Hospital. The peculiarity of this hospital is that of the three blocks of which it consists, one whole block is entirely taken up as a residence for the surgeon; another, the central block, is used for administrative purposes, except that there is a female ward on the first floor; whilst, what may be called the hospital proper, where all the male patients are treated, is confined to one of the three blocks and that, too, the worst planned and the oldest. Two years ago I recommended that this part, which is quite behind the times, should either be pulled down or, at least, completely gutted and the space rearranged. This was not done, though certain minor improvements were affected. These were, however, entirely inadequate and there is no doubt that the male part of the hospital is very much out of keeping with the rest. Some of the wards have been in use for 25 years, and on that count alone, are probably saturated with hospital products and, therefore, insanitary. I am of opinion, therefore, that while the Charitable Aid Board are doing well, after the experience they have had, in looking narrowly into every demand for new hospital buildings in their district, nevertheless, it is to be regretted that they have refused the request of the Invercargill Hospital Trustees, for it is one of the most urgently needed reforms that I know of. As regards the request for an enquiry, I fail to see any necessity for it. There is no new element in the case that is not quite well known to me, and there is no necessity for any further report."

On the strength of this report the trust asked the board for the grant of £1,000. The board still refused so the trust decided to refer the dispute to the Supreme Court, with the object of securing an order that would force the board to provide the money. The case was dealt with by Mr Justice Williams in Dunedin. After hearing the facts and submissions of counsel, he refused to make an order because he held there was nothing in the Act requiring the board to provide money for capital expenditure. It had to provide money for maintenance, but provision for new buildings, or for additions to existing buildings, could not be classed as maintenance.

In face of this decision, the trust had to do what the board had urged it to do early in the dispute — borrow the money.

This dispute illustrates the weakness of what was, in practice, divided control. No doubt, this was one reason why the Government eventually decided to abolish the trusts and make the boards responsible for running the hospitals.

After all the dispute and argument, neither the trust nor the board seems to have been particularly anxious to go ahead with the building work. There was further delay, but the project was not allowed to slip into the limbo of forgotten things. The inspector-general, Dr. MacGregor, was determined something must be done. He said that the north wing was a "whited sepulchre" for the unfortunate patients who entered it. The board wanted another opinion, that of the doctors of Invercargill, but did not press for it after members were told that the doctors supported the view of Dr MacGregor.

The trust decided, more realistically, to take Dr. MacGregor at his word. If he wanted a new wing he could have it — to the tune of £4,000.

Dr. MacGregor certainly wanted something done. He tried to get action by touching the pride of Southlanders. He said they were too slow. Any other part of New Zealand, similarly placed, would have had a new hospital long ago.

Both the board and the trust were by now aroused to action. Negotiations with Government representatives followed. Eventually the Government agreed to vote £1,500 for building work at the hospital. This was much below what was wanted, but, acting on the principle that a third of a loaf is better than no loaf, the trust accepted the offer and decided on additions which, it was claimed, would make the hospital large enough to meet the needs of the town and district for 15 or 20 years.

The additions included two main wards, one on the ground floor, the other on the first floor; a verandah and balcony to face the north, and these, it was said, "will form convenient ambulatories for convalescent patients." The new wards were intended for female patients and thus more accommodation would be available in the older part of the hospital for male patients. The additions would "make the hospital more in accordance with the requirements of the district."

The suggestion that the additions would make the hospital equal to demands for 15 to 20 years was quickly proved to be highly unrealistic. By May, 1896, the trust was "fairly non-plussed in the matter of accommodation for male patients." A deputation waited on Joseph Ward, then Colonial Treasurer, who was told that all the wards were crammed full. The deputation asked for £5,000 and gave an assurance that this would provide additions that would make the hospital sufficient for requirements for 10 years. If Ward was sceptical he did not say so publicly, but he did suggest that the deputation was asking for too much. He thought it would be better if money was collected in the district. This would earn a Government subsidy of 30/- in the £. Wanganui had done this, he said, and as a result had "one of the most complete hospitals in the Colony."

The trust was not certain that an appeal to the public would be successful. At the time there were frequent complaints that hospital and charitable aid expenditure was getting out of hand. The Southland Hospital Board was trying to put a curb on expenditure. A requisition of the trust for £2,546 to meet expenses in 1896 was cut down by £200 by the board, which had to account to the ratepayers. Already the hospital and charitable aid rate was 3d.

In this climate of opinion, the trust may well have regarded the Diamond Jubilee of Queen Victoria in 1897 as a God-send. An appeal for funds for the hospital based, not on the needs of humanity, but on loyalty to the throne and more particularly on loyalty to the almost legendary figure of the Queen, was sure to succeed.

The public was asked to subscribe £1,500. The Government would top this with a subsidy of 24/- in the £. Not the 30/- mentioned by Ward, but still worth earning. In addition to the ordinary subscription list, a children's shilling subscription list was opened.

The result was beyond the most sanguine expectations. The amount raised was £2,060, the children's shillings and sixpences contributing £80.

The subsidy brought the total to £4,400. This was ample and the building of the new wing was soon put in hand. The foundation stone was laid by Lord Ranfurly, Governor of New Zealand, on June 9, 1898. The inscription recorded that the money was "subscribed by the people of Southland in commemoration of Queen Victoria's record reign. June, 1897."

The new wards had accommodation for 36 patients. In his report published in 1898, Dr. MacGregor said of the Southland Hospital: "I inspected this hospital on March 4. I was pleased to find that at last the old wards on the male side had been pulled down. The new wing is well designed, and, when it is finished, the institution will be abreast of modern requirements."

Steps were taken to improve the hospital grounds. Trees, flowers and shrubs were planted and walks were constructed "with almost geometrical precision". The grounds, it was said, "will be an adornment to the town, and a scene that will be soothing and beneficial to the inmates of the hospital during convalescence."

So everything in the trust garden and the hospital garden seemed lovely, but appearances are sometimes deceptive. The board and the trust were still at variance over money. The trust wanted to run the hospital in the best interests of the patients; the board was more concerned about the pockets of the ratepayers. One member summed up the position from the board's point of view when he said that the trust might be composed of very nice gentlemen but they were very extravagant. The board had to strike the rate and face the public. The local bodies growled at the board and not at the trust. He hinted that it was time the board had control of the hospital.

Fever Hospital

Fever epidemics were rather common in Invercargill from early days, but it was not until 1903 that a deputation representing the local bodies in the Southland Board's district waited on the board to stress the need for a special fever hospital. The local bodies were prepared to meet the cost on a pro rata basis.

A temporary building, at the Dee Street Hospital, served for a year or so until the board decided to try to provide a better isolation hospital. A committee was appointed to look for a site. After inspecting a large number, it unanimously decided to accept the offer of H. Suferts to sell his property at Kew for £2,200. The board confirmed the decision, and this was the beginning of Kew Hospital.

Everybody was not pleased. The South Invercargill Borough Council wrote protesting against the erection of a fever hospital in the borough. The board received the letter and did nothing, and there was apparently nothing further the borough council could do either.

The Government provided a subsidy of £1,000 towards the cost of the fever hospital. At a meeting of the board on November 8, 1906, six tenders for the erection of the hospital were received. They were all above the estimate of the board's architect, and the lowest at £2,493 was considered too high. The board decided to have the plans and specifications revised. Even with the much lower costs then ruling compared with those of the present day, it is clear that the board was not prepared to put up a very elaborate building.

It made a levy of £1,100 on the 13 local bodies in its district towards the cost of erecting the hospital. The Southland County Council was asked to make the highest contribution, £483/1/8, Invercargill borough being next with £262/9/9. The lowest contribution was £2/13/2 from Stewart Island county.

The tender of W. G. Quicke was accepted in March, 1907. The price was only £1,450 so, with a Government subsidy of £1,000 and £1,100 from the local bodies, the board had more than enough money. Anyway that was what the local bodies thought, and they appealed against the amounts levied. The appeal was heard by S. E. McCarthy, S.M., who reduced the total levy to £900, and made corresponding reductions in the individual contributions.

The building of the fever hospital was finished before the end of 1907; but it cannot have been wanted just then for it was not until March the following year that the board decided the staff should consist of a married couple. On April 9, 1908, Mr and Mrs John Cowan were appointed at a salary of £100 a year. Presumably they had their board and lodging as well.

The small size of the staff was matched by the small size of the hospital. There was accommodation for only six or seven patients. It was soon to prove much too small and extra patients had to be crowded

in. One wonders why the board should have dealt with this hospital with such a niggardly hand.

The running of the hospital was also criticised. At a meeting of the trust on October 19, 1908, it was said that there were 17 patients with only one nurse in charge. The matron and the other nurse were away on holiday. The patients were expected to do the work, but went on strike. It was further alleged that patients, who complained, had things made unpleasant for them during the remainder of their stay.

The medical superintendent, Dr. A. Hendry, said that when one of the nurses went away there were only 11 patients and not one was really ill. During the week the number rose to 17; the absent nurse was sent for and returned next day.

The incident seems to have been trivial, but gains interest from the strike of patients.

In fairness to the board it should be explained that its finances were in a difficult position. At a meeting on December 8, 1908, the finance committee urged the strictest economy. The estimated income to March 31, 1909, was £4,449, but there was a bank overdraft of £3,387 so that the board had only a possible £1,062 to meet four months' expenditure, estimated at about £4,000. The committee said a large amount was due in fees from people who had been patients at the fever hospital, and it urged the board to take legal action to collect this money. The committee went on to complain about "the reckless manner in which the board has been saddled with expenses of fever patients, totalling about £700, during the past two years." This would be mainly for patients accommodated in the temporary buildings at the Dee Street Hospital.

As a gesture of disapproval of this "recklessness", the board decided to hold over an account from the trust for £223 for maintenance of fever patients from May 1 to September 3, 1908; also to hold over, until after the end of the financial year, March 31, 1909, a request from the trust for £500 to build additions to the surgical block at Dee Street. Moreover, the board appointed a committee to take over control of the fever hospital from the committee of management.

Already the Kew fever hospital had proved too small and once more the Bowmont Street Home bobs up in the story. It was converted into a fever hospital and by the end of the year had 25 patients. Mr and Mrs Cowan were transferred from Kew to take charge at Bowmont Street.

The board was considering leasing the Kew property, and even selling a portion of the land when a bombshell exploded. The district officer of health, Dr. F. Ogston, ordered the removal of the patients from Bowmont Street back to Kew. The board decided on a month's delay, and meantime the doctor was told just how much it would cost for additions at Kew to accommodate more patients.

An opportune visit to Invercargill by the inspector-general of hospitals, Dr. Valentine, gave the board an opportunity of referring the problem to him. He was much more reasonable than the district health officer. He recognised that the board had been in a difficult position, that Bowmont Street was quite suitable as a temporary hospital, and

he said that it created no danger to the public from its position. But Dr. Valentine placed the emphasis on the word "temporary". He advised the board to shift the fever hospital back to Kew eventually, and thus make use of the excellent property it had there. He made a suggestion that may have made board members smile — that the board should try to sell the Bowmont Street property.

The objection of the district health officer to the use of Bowmont Street as a fever hospital may have sprung from protests made to him. After Dr. Valentine's visit the board received a letter from the South School Committee protesting, on behalf of householders in that part of the town, against the use of the home for fever patients. The committee asked for their removal back to Kew.

The board replied that it was not expedient then to remove the patients to Kew, and the board was able to fortify its refusal by quoting the opinion of Dr. Valentine that no danger to the health of the community had been created.

At this time there were only four patients in Bowmont Street and two were "going out any day". This shows that the demand for fever hospital accommodation rose to peaks and descended nearly to zero, thus adding to the difficulties of the board in providing accommodation. No one could tell just how much would be wanted.

The committee appointed by the board to take charge of the fever hospital was apparently able to carry out economies. The charge to patients was reduced to 3/- all round instead of 5/- for adults and 3/- for children. The average cost at this time was 3/4½ per patient per day.

The Bowmont Street home was closed down finally in August, 1909. In that year the board was still pestering the Government to buy the property, and even went to the length of sending a deputation to Wellington. There were no results.

On September 9, 1909, the board decided to call tenders for the lease of the property, and failing that, that tenders be invited for the purchase of the building for removal with a view to sub-dividing the land into building sites, to be offered for lease.

Nothing came of this either, and the Bowmont Street Home was one of the worries that the last board appointed under the Act of 1885 passed on to the first board elected under the Act of 1909. But the old board passed on some substantial assets, too.

In the early years of this century the board, in addition to its rather futile fever hospital, had carried out several other building projects. For many years the board held its meetings in the Bowmont Street Home, but as that embarrassing building became more and more of an incubus a desire arose for what may be called a "proper home" for the board. A first step was the purchase of a section in Tay Street for £765. Ten months later the board accepted a tender of J. Walker and Son for £1,395 to erect a building on the site — shops on the ground floor and board offices upstairs. The board held its first meeting in the new board room on May 12, 1904, and that remained its meeting place until a move was made to the present board room in the office building at the corner of Dee Street and Victoria Avenue.

The board held its first meeting there on August 21, 1952. The Tay Street property was sold. The present office buildings were erected at a cost of £20,000.

The board room of 1904 was presumably much admired. A description of it runs: "The board room is a particularly handsome one, perhaps the best in the Southland district. The ceiling is of ornamented plaster, specially brought from the north, and certainly a very pleasing effect is secured. The walls are nicely distempered and fringed with a dark green dado. . . . The door of the board room deserves special mention for the artistic appearance it presents, the coloured glass panels, fanlight and body giving an extremely bright and effective finish to the landing at the head of the stairs."

One member thought the room could be improved by laying a good carpet. After all, he argued, since £70 had been spent on the ceiling, £15 might well be spent on the floor. Other members objected. They were horrified to think that a proposal should emanate from a member which, if carried out, "would make the Charitable Aid Board more comfortable than was in keeping with its name." All of which was probably not meant to be taken too seriously.

The White Scourge

Tuberculosis, which seems to have been brought under control in New Zealand, was at one time a serious scourge, and the provision of accommodation for patients was a difficult problem for hospital boards. The Southland Board of the period 1885 to 1909 tackled the problem, but not very successfully. It was not the patients with a chance of recovery who created the greater problem at that time, but the unfortunates who were known, or were thought, to be incurable. There was little that could be done for them by the medical science of the day, but they had to be cared for, and it was obviously advisable to keep them as much as possible from contact with the general community.

The board was able to send curable patients to the Rock and Pillar sanatorium at Middlemarch. By modern standards it seems to have been a crude place. The building had once been a hotel. It was not big enough and tents were used to accommodate some patients. No doubt the good clean air of Middlemarch was relied on mainly to bring about cures.

The problem seems to have been first discussed by the Southland Hospital Trust in 1901. At a meeting on October 11 of that year it was stated that under the new health regulations local authorities were responsible for the care and treatment of Tb patients, and might be called on at any time to provide the means. It had become absolutely necessary, it was said, that some provision should be made as the Dee Street Hospital could not cope with the large number of cases from the country. The need was recognised, but for some years little was done to meet it. The Southland hospital authorities were not alone in this neglect. On one occasion a member of the Wellington Hospital Board said that only three or four hospital boards in New Zealand were making a serious attempt to do their duty in fighting Tb. Some boards were doing nothing, and were either passing on their Tb patients to districts where something was being done, or, worse still, were neglecting them.

A public meeting in Invercargill on June 23, 1905, affirmed the desirability of establishing a consumptive annexe in connection with the Dee Street Hospital, and a deputation was appointed to wait on the trust. The opinion was expressed that the climate of Southland was against the successful treatment of Tb, and it was suggested that a sanatorium should be erected in the Lake Wakatipu district, with the annexe at the Southland Hospital for incurable cases, and for the temporary accommodation of curable.

The trust held a special meeting to receive the deputation, the members of which were told that the chief difficulty was that the trust had neither the site nor the funds for an institution of any size. A member of the trust said he did not think much of the climatic argument. Good sanitation, fresh air and sound food could work wonders in any climate.

The trust discussed the problem with doctors of the town. One of them suggested that all that was needed was a ward to accommodate eight to 12 indigent and incurable patients.

The trust decided to ask the board to build a consumptive annexe at Kew, but beyond agreeing to give favourable consideration to the request the board did nothing.

When he was in Invercargill in April, 1909, Dr. Valintine spoke of the need of making provision to care for Tb patients. He did not think Kew was an ideal place for a consumptive sanatorium. Frankton might be, but he was hopeful that the Southland, Otago, North Otago and South Canterbury Boards would combine and build a good sanatorium at Fairlie, on a site there belonging to the South Canterbury Board. Meantime, the district health officer had suggested, no doubt as a temporary expedient, that incurable Tb patients should be placed in residence at Kew, and that those, who were curable, should continue to be sent to the Rock and Pillar.

When he visited Frankton and inspected the proposed site, Dr. Valintine decided against it. He said there was not sufficient shelter, and neither was the site large enough. About this time Dr. Valintine had also inspected a property which the Otago Board had acquired at Pleasant Valley, Palmerston, and he suggested that the Southland Board should join with Otago in establishing an institution for curable patients there. This did not appeal to the members of the Southland Board. They still wanted a sanatorium at Frankton, and it was alleged that Dr. Valintine had gone there determined to condemn the site.

At a meeting of the board on June 17, 1909, the secretary described the treatment of consumptives as a problem that the board had been trying to solve for a considerable time — and without success, though the secretary did not say so.

But the sands were running out for the board. It was soon to be replaced by an elected board.

It is convenient here to skip ahead a few years to note that the new board, about 1913, favoured the establishment of a sanatorium in the Queenstown district. This aroused opposition and a numerous signed petition suggested that it was general in Queenstown and neighbourhood. Drs. W. J. Barclay and J. E. Rogers visited the Frankton and Arrow hospitals. They thought that Frankton would be the better site but was not entirely suitable, because of the cold winters and the strong, cold winds at other times of the year.

At a meeting in October, 1913, the board decided on "no further action meantime".

To return to the coming into office of the new board. It lost no time in tackling the problem. As early as May 12, 1910, it decided to have the old fever ward at the Dee Street Hospital made suitable for incurable consumptives. About a fortnight later the board got the "go ahead" signal from Dr. Valintine, and a tender for the work was accepted on June 9, 1910.

The speed with which the board acted is, perhaps, proof of the greater efficiency in hospital administration which the authorities had hoped for from the Act of 1909. The boards now had more incentive to display initiative because they had direct control of the hospitals.

The Otago Board was also moving in the provision of accommodation for Tb patients. It took over the Rock and Pillar in addition to the Pleasant Valley property at Palmerston. This consisted of a wooden house and some separate shelters. It had been a private sanatorium. The board had additional shelters built, improved the drainage and water supply and had electricity installed. The sanatorium thus renovated and improved was officially opened on July 30, 1910, and the Rock and Pillar sanatorium, where there was an embarrassing lack of drainage, was closed. The patients were transferred to Pleasant Valley on August 13, 1910.

When he addressed members of the Southland Board on May 27, 1910, Dr. Valintine said he had inspected the Palmerston Sanatorium. Apparently he approved of what he had seen. He said he had been assured by the chairman of the Otago Board that the charge for Southland patients would be 35/- a week, and he strongly urged Southland to accept this. This the Southland Board did at a meeting the following month. It was understood that only curable patients would be sent to Palmerston.

In a review of the work of the Southland Board from 1910 to 1915 the chairman, A. F. Hawke, said that incipient cases were sent to Pleasant Valley at a cost to the board of about £250 a year. This arrangement applied only to "early cases". There was still a large number of cases too far advanced for treatment at a sanatorium. To meet this need the board had provided for isolation shelters at the Dee Street Hospital with "a fair measure of success". He went on to review the former suggestion that provision for incurable Tb cases should also be made at Kew, "where by a little judicious expenditure in the way of shelters and repairs to the buildings down there, a large number of these cases could have the benefit of open air treatment and more medical and nursing attention than can be given in the limited accommodation we have at present at the hospital. Were something in this direction done right away and the shelters at the Southland Hospital made available for the treatment of other cases, the present congestion at the Southland Hospital would to some extent be relieved."

The medical superintendent of the hospital had similar ideas. He thought that the wooden residence at Kew, with alterations and repairs, could be made suitable for the accommodation of about a dozen chronic cases, plus nursing staff, which could also look after 15 or 20 consumptive cases, if shelters were erected alongside. In the opinion of the superintendent the spot was ideal for consumptives. It had a northerly aspect, was sheltered by native bush and the surroundings were pleasant. At this time there was a fever hospital at Kew, but the superintendent thought that the one nursing staff might well look after all three classes of patients. During the year ended March 31, 1915, only 13 patients had been treated at the fever hospital, and this had cost £539. This hospital was, therefore, reckoned costly because there were too few patients for the size of the staff. The superintendent estimated that a combined

average total of 25 patients daily (chronic, consumptive and fever) could be attended to by a staff consisting of a nurse, three probationers, a cook, housemaid and a porter. The estimated cost was £1,500 a year, and the removal of the chronic and consumptive cases from the Dee Street Hospital would relieve the congestion there.

In September, 1917, the board decided to ask its architect to prepare plans, and an estimate of cost, for a consumptive pavilion at Kew.

A pavilion of 20 beds was built on the understanding that it was to be used only for advanced cases of Tb. Curable patients were to be sent to Palmerston or other recognised sanatorium in the South Island. In a year or so a serious problem arose. Palmerston was over-crowded and apparently there was no other sanatorium in the South Island prepared to admit Southland patients.

In a report to the board on November 13, 1919, the medical superintendent, Dr. D. M. Wilson, said: "I would advise the board to continue treatment at Kew only of definite and infectious cases of consumption. The great problem is the treatment of early cases, those which are most likely to benefit. . . . There is nowhere in Southland where such cases can be treated. The institutions outside the district will not admit Southland patients. A person in Southland with early Tb is at a greater disadvantage than a person in any other district. It appears to me that nothing will be done for such patients unless the people of Southland move in the matter, and take definite action towards remedying the want. There should be an institution in the higher part of Southland for early cases only, where persons can be properly cared for and at the same time occupy themselves. . . . I consider that the war against Tb should be a national one, undertaken by the Government, but as the Government is at present not indicating any set policy, I would urge that Southland push forward with a scheme of its own. It will be expensive, but money well spent. At present there is enthusiasm for a war memorial, but no united action. Perhaps Southland could do worse than attack the Tb problem."

The following year the board had considerable correspondence with the Health Department over the treatment of early cases of Tb. At this time the department had plans to erect an up-to-date sanatorium at Clyde, under the direct control of a qualified medical and nursing staff, and with sufficient land attached to provide light outdoor employment for patients. This, it was thought, would meet a much needed want.

This sanatorium did not materialise, perhaps, because of the financial stringency brought about by the post-war slump of the early 'twenties.

But the need had to be met and representatives of hospital boards, meeting in conference at Timaru on May 31, 1922, decided to co-operate for the purpose of purchasing a hospital at Waipiata, Central Otago, owned and conducted by Dr. George Byres. The climate of Central Otago was regarded by the medical profession as possessing unusual health-giving properties for Tb patients, the conference was told.

Seven boards were interested in Waipiata — Ashburton, South Canterbury, Waitaki, Maniototo, Vincent, South Otago and Southland.

The boards appointed a committee of management which took over control of the sanatorium on May 10, 1923. The hospital then was for only a limited number of patients.

There were 12 at the beginning. The committee prepared plans for a new patients' pavilion, kitchen and laundry block, nurses' home and superintendent's residence. The successful tenderer was W. McLellan, Dunedin. The completed sanatorium is said to have cost £25,000, considerably higher than the original estimate, but still only half what the sanatorium at Clyde was expected to have cost. The work was completed in November, 1924. Later McLellan was to build the general hospital at Kew.

Waipiata served its purpose for 37 years. It was closed down in 1961 because the white scourge, which was a sore affliction to New Zealand at the beginning of the century, seemed to have been largely conquered. But, in the opinion of some medical authorities, continued vigilance is desirable. Waipiata is now a training establishment for Borstal inmates.

Maternity Homes

One of the first suggestions for a maternity ward at the Dee Street Hospital was made in 1887 by the women who collected for the Queen Victoria Jubilee Fund, but the proposal was not adopted. It may have been ahead of its times. In those days most women probably preferred confinements in their own homes, rather than in a public hospital. It is true that women often endured unskilled attention, especially from midwives, and that maternal mortality rates were high. But women and the public generally were inclined to accept this as inevitable. The new century brought a new outlook. The training and registration of nurses and midwives were put on a proper basis, and an effort was made to provide skilled treatment in confinement to women who could not afford the fees of private nursing homes. This was the purpose of the St. Helen's Hospitals, established with the blessing of the Premier, Richard John Seddon, after whose birthplace in England they were named. When the Minister of Health, G. W. Russell, visited Invercargill in November, 1916, a deputation from the W.C.T.U. waited on him to urge the establishment of a St. Helen's Hospital in Invercargill. The Minister said he thought it a sacred duty of the Government to guard the infant population. Already there were five St. Helen's Hospitals, but he wanted to see many more. The object was to give every medical and nursing attention at minimum cost, and to provide training schools for midwives.

That these were not just pious platitudes was soon shown. In February, 1917, the Hospital Board was informed that the Government had purchased the residence, "Trafalgar", of J. E. Watson in Nelson Street, Georgetown, for a St. Helen's maternity hospital. It was described as a fine, roomy brick building standing well back from the street in two acres of ground. It was lit by electricity and had every convenience. The hospital was opened for patients at the beginning of September, 1917. The first baby was born on September 3. The charge was 30/- weekly, but wives of soldiers received free treatment. There was no rush for admission. Much of the old prejudice of women against going to hospital for confinements had still to be broken down.

On the occasion of the official opening of the hospital on Friday, March 22, 1918, it was stated that to date 24 girls and 25 boys had been born there. One baby had died, but every mother had made a straight-forward and speedy recovery.

By the time the St. Helen's Hospital was established in Invercargill the Plunket Society had been at work in the district for about seven years. The Invercargill branch was established on March 1, 1910, and a few months later the Plunket nurse was reported to be doing good work. The babies under her care were thriving.

The Karitane Hospital, Bainfield, Waikiki, was opened on December 8, 1926. W. D. (later Sir William) Hunt presented the property, and Mrs H. A. Massey gave £2,500 towards the funds for enlarging the building and adapting it to the needs of a hospital. Some months before,

headquarters of the society had been opened in a house in Gala Street. This was made possible by the generosity of Mr and Mrs R. A. (later Sir Robert and Lady) Anderson.

Invercargill now has a newer Karitane Hospital on the same site in Waikiwi. The foundation stone was laid on February 18, 1953, by the late Mrs Hilda Ross, who was then Minister for the Welfare of Women and Children, and the building was officially opened on November 12, 1955, by the Member for Invercargill, Mr J. R. Hanan, who was then Minister of Health.

The St. Helen's Hospital, Invercargill, was closed on June 16, 1952. This was in consequence of the policy of the Health Department to concentrate midwifery training in the South Island at a large St. Helen's Hospital erected in Christchurch. During its 35 years about 8,500 babies were born in the Invercargill Hospital, and 394 nurses were trained in midwifery. The W.C.T.U., which had been the prime mover in having the hospital established, always took a keen interest in it, and presented a silver cup to every 1000th baby.

With the passing of the years it became more and more common for women to go to hospital for confinements, and more especially after the service was provided free in public hospitals. This hit the private maternity homes. Many of them had served the public well for many years, but had become out-of-date and did not come up to the new standards of the Health Department. Those who owned them were not always ready to spend money on improvements and alterations. This is not surprising in view of the competition from public hospitals with their free service. As a result, hospital boards were subjected to a steadily mounting pressure to provide more and more maternity beds.

According to a report presented to the Southland Board in June, 1946, Gore had the Gordon maternity hospital with eight beds and the board had decided to take over Dalkeith, a six-bed maternity home in that town. Additions planned for the Gore Hospital included a 23-bed maternity ward. This in due course was built. The board by then had maternity homes at Riverton, Tuatapere, Otautau, Nightcaps, Lumsden and Queenstown. The hospital at Queenstown was temporary — a new hospital was being built. The board was also building a maternity home at Bluff, which was then served by a private nursing home. It was also hoped to build a maternity home at Winton.

The board up to this time had made no provision for a maternity home in Invercargill. This was because of St. Helen's Hospital and a number of private homes. In 1949 a shortage of maternity beds in Invercargill loomed up. Private hospitals in the town were either closed or were heading that way, and the department wanted to close St. Helen's. The board decided to make alterations at Dee Street to provide for up to 30 maternity cases. This hospital had been thoroughly renovated in 1942 and was re-named Queen Victoria. Previously this name had applied only to the ward, which was built out of the money raised for the Queen's Fund on the occasion of the Diamond Jubilee in 1897. But the public did not adopt the new name. The hospital was partly maternity and partly convalescent, but after the opening of the western wing at Kew in October, 1957, it became wholly a maternity unit.

Winton had asked for a cottage hospital as early as 1909 but had to wait 40 years. The maternity home there was opened on August 8, 1949. Then a private maternity home, St. Luke's, was closed.

After several years of agitation a two-bed maternity hospital under Nurse M. R. Reynolds, a St. Helen's trainee, was opened in Lumsden in 1923. In 1957 the board opened an eight-bed maternity hospital at Lumsden. The cost was £25,000.

The maternity home at Wyndham was opened in October, 1953, and cost £15,000. It replaced a maternity home that had been run by Nurse McKenzie for 23 years. The hospital at Tokanui was opened the following year. It was named the Golden Hospital in honour of Thomas Golden, who died in 1954. He first became a member of the board in 1927 and was chairman continuously from 1932 until his death, that is for 22 years.

Otautau maternity home was opened in 1944, Bluff and Queenstown in 1947. Early that year the board took over the Nithdale maternity home at Mataura, which had been run by Miss Scott, a nurse whose work is remembered and whose memory is honoured in the town.

The board now controls 16 hospitals, including 10 maternity homes in country towns. The board's general hospitals are Kew, Gore, Riverton and Frankton. Lorne is now a hospital for geriatric patients. Old people, who require only a minimum of nursing care, are accommodated at Riverton. The maternity homes in country centres are: Bluff, Tuatapere, Otautau, Lumsden, Queenstown, Winton, Wyndham, Tokanui and Mataura. The board's maternity home at Riverton is being used temporarily for geriatric patients.

The board had a maternity home at Nightcaps but this was closed in December, 1966, because it was felt that it was not justified by the number of patients, only 10 in the nine months of the financial year 1966-67. The cost for each patient worked out at £209, compared with £68 at the Winton home, which had 194 births in 1966-67. Winton is the largest of the country maternity homes with 12 beds. Tuatapere, Lumsden and Wyndham eight each, Mataura six, Otautau, Bluff and Queenstown five each, and Tokanui four.

Gore and Riverton

As early as 1890 the board received a request for a grant towards the cost of building a hospital at Gore. The suggestion was not received very enthusiastically by the board, which made a definite proviso that, if a hospital was built, it must be a cottage hospital only, for the reception of patients in transit, prior to their removal to the Invercargill Hospital.

Nothing came of this, and it was not until 16 years later that another scheme to provide Gore with a hospital was presented to the board. This time a deputation came furnished with the commodity that is said to speak all languages — money, £1,000 of it — a quite considerable sum at the time however inadequate it may appear today. In any case it impressed the board, which there and then decided to have the hospital built.

The cost was estimated at between £3,500 and £4,000, annual maintenance was placed at £1,000, and it was suggested that a site of not less than four acres should be purchased.

Members of the board visited Gore on February 6, 1907, to inspect sites and the upshot was the purchase of 7½ acres from O. Kelly for £600. He was also the successful tenderer for the erection of the hospital, his price being £3,000, plus £120 for electric light. The foundation stone was laid on December 9, 1907. The hospital was named the Seddon Memorial Hospital. It was less than two years since the sudden death of New Zealand's Premier, Richard John Seddon, when returning from a visit to Australia, had shocked the whole country. The memory of King Dick was still fresh, and his broad humanitarianism, which sought to provide for the old, the sick and for mothers and their babies, was remembered with gratitude. To name a hospital after him was logical.

Another well-known statesman, and historian, too, as many Southlanders will remember, Robert McNab, donated 2,000 young trees to beautify the Gore Hospital grounds and provide shade and shelter.

Board members paid another visit on December 22, 1908, and conferred with the Gore committee about the future management of the hospital. It was decided that there should be a local advisory committee, which was to consist of one representative each from the boroughs of Gore and Mataura, and the county of Southland, three representatives of subscribers to the funds of the hospital, and the two local members of the board. The committee was left in no doubt that its function was purely advisory. The board retained real control, and thus, when its days were numbered it had achieved its ambition of having an effective voice in the running of a general hospital.

There were "teething" troubles with the electric light installation. It was defective and the inspector of the Gore Borough Council refused to allow power to be supplied until the defects were remedied. This was done and the hospital was opened in October, 1909.

The first medical superintendent was Dr. J. E. Rogers. His salary was £150 a year, but he had the right of private practice. The matron, who had to be a certificated and registered nurse, was paid £80 a year, but of course she would have, in addition, board and lodging. Nevertheless her salary seems hardly adequate in comparison with the wage of the hospital's cook — £1 a week, or £52 a year. But then it has been said that whatever civilized man may be able to live without, he cannot live without cooks, so perhaps they have always been relatively well paid. The first matron of Gore Hospital was Miss Mary Young, of Dunedin.

As for other staff, the matron was authorised to engage a certificated nurse at £50 a year, just about the wage of the cook, and a probationer at £20 a year. But certificated nurses were not to be had at £50 a year, so then the matron was told to engage a nurse temporarily at £75 a year, and to employ her for as long as her services were required.

Gore Hospital started off with a bequest, £641/10/-, left by Thomas Wright of Waimumu, for building a maternity ward and a children's ward. As it was not prepared to build these at once, the board had the money invested.

As a result of a concert held in Gore about £40 was raised towards the cost of an ambulance wagon. This was built by Bath and Sons, Invercargill, for £115. At that time ambulance wagons were horse-drawn, or mainly so.

The body of the first motor ambulance of the Southland Board was built by J. A. Nisbet and Co., Invercargill, and was mounted on a six-cylinder Buick chassis (1918 model). It cost £675 and was said to be the most up-to-date motor ambulance in the South Island at the time. It was first used during the influenza epidemic in November-December, 1918.

This was not the Southland Hospital's first ambulance. Towards the end of 1903 an ambulance wagon was presented by the Ministering Children's League. Here is a contemporary description: "It is a very strongly built and heavy machine and is . . . one of the best procurable. It contains stretchers for two patients and seating room for nurses or attendants. The four wheels are rubber-tyred, and the body of the coach is mounted on springs. The shafts are fitted for only one horse, but this could easily be altered, if desired. The wagon bears a silver plate on which the following inscription is engraved: 'Southland Hospital Trust. Presented by the Ministering Children's League, Invercargill branch, Mrs E. E. Hammond, secretary.' A small stretcher on wheels accompanies the wagon and will be used for conveying cases from the station to the hospital."

In 1916 a movement was started in Gore for the building of a maternity ward or hospital. It was claimed that expectant mothers in Gore were being forced to go to a St. Helen's Hospital, Dunedin, or elsewhere. The Minister of Health, G. W. Russell, thought that accommodation for maternity cases was wanted in both Invercargill and Gore. A St. Helen's hospital was established in Invercargill but Gore had to wait. It is doubtful if there was a very great demand for maternity accommodation in Gore at this time. A good many women

were in favour of having their babies in their own homes as their mothers and grandmothers had done. In the early 'twenties additions were made to the Gore Hospital, but these did not include a maternity ward. Under the will of Peter Anderson, who died in June, 1922, the board received a legacy of £2,000 towards the cost of a nurses' home at the Gore Hospital. This carried £ for £ Government subsidy, but it was not until August, 1927, that the building of the home was begun. It was opened on April 30, 1928. A tablet in the home records: "Erected by the Southland Hospital Board in memory of the late Peter Anderson, who died at Gore on June 27, 1922, and whose generous bequest to the Gore Public Hospital made possible the building of this home. April, 1928."

The Gore Hospital has been added to from time to time and has been provided with facilities and equipment to bring it up to modern standards. .

A wing known as the J. E. Roger wing, after the first medical superintendent of the hospital, was officially opened by the Minister of Health, J. R. Hanan, on November 11, 1955. This wing has a maternity ward of 23 beds on the first floor and a women's ward on the ground floor. Prior to the opening of this maternity accommodation, Gore had two maternity homes, Dalkeith and Gordon, with 14 or 15 beds between them. They were originally private homes but latterly came under the control of the board. They were closed down when the new ward was in full operation.

The board got rid of one of its responsibilities, the Riverton Hospital, when the Wallace Board was formed in 1905. The Riverton Hospital was opened in 1878. It was a wooden building which had been once used as an immigration barracks. Like most converted buildings it was probably not wholly suited to its new purpose. But standards were not very high in those days, and, when Dr. Grabham, inspector of hospitals for the Colony, visited Riverton in 1883, the main fault he found was that the hospital was too small. There was accommodation for six male and three female patients, and more accommodation was urgently needed, the doctor said. The wards were plainly but comfortably furnished, but Dr. Grabham suggested that the old wooden stretchers might, with advantage, be replaced by modern beds.

Straw or chaff mattresses and pillows were in use, but there was one good feather mattress and pillow in the women's ward. Besides lockers, comfortable chairs and some books and papers were provided for the patients. The kitchen had two colonial ovens. Behind the kitchen was a washhouse, used occasionally as a bathroom. Behind the hospital was a brick building intended as a fever ward, though it had not been used as such. It was not furnished. Though there was a deep well in the hospital grounds, the water was said to be bad and rainwater only was used. Dr. Grabham found that the whole establishment was scrupulously clean and in good order. Payment at 10/- a week was "extracted from patients where possible." Expenditure was £700 a year. All the patients, whom Dr. Grabham saw, said they were kindly and well treated.

Some years later a brick building with accommodation for 30 patients was built. This is the nucleus of the present hospital. Additions were made from time to time. In 1902 a new operating room was built, in 1924 an old people's home and in 1929 a maternity block.

The Riverton Hospital again came under the Southland Board when the Southland and Wallace Hospital districts were amalgamated in 1938. The amalgamation was carried through in face of a good deal of opposition, but it seems, on the whole, to have been a wise move.

F. J. Dyer, a member of the last Wallace Board, who died on December 26, 1938, left in his will about £25,000 to the Riverton Hospital and about £8,000 to the Southland Hospital. From the former sum a medical superintendent's residence, massage block and children's ward were built and an X-ray plant installed.

Frankton and Arrowtown

When the Southland Hospital Board was formed in 1885 two of the four hospitals that came under its jurisdiction were in the Lakes County, and strictly speaking, in Otago; but they were easier to administer from Invercargill than from Dunedin. They were the Queenstown, Wakatipu or Frankton Hospital, as it was variously known, and the Arrow Hospital at Arrowtown. That at this time there should have been two public hospitals so close to one another, and only two in the whole of Southland—at Invercargill and Riverton, there was none at Gore—may seem incredible, but so it was.

The Frankton Hospital was built in the gold rush days and, with thousands of miners engaged in what was often a hazardous occupation both to limb and health and in "tough" country, it met a very real need. The hospital at Arrowtown was not built until 1880. Poor communications may have been the chief reason for its erection.

The Frankton Hospital was opened in 1863. The Invercargill Times (forerunner of The Southland Times) reported on April 16, 1863: "The Government (that is, the Otago Provincial Government) are about to erect a hospital at Frankton. A dispenser has arrived and the work is to be commenced immediately. A hospital is badly needed. The Government will pay £2 for every £ obtained by subscriptions."

The following month a public meeting was held to discuss the raising of funds and £50 was collected in the room. The Times correspondent suggested that the people of Invercargill might help "as they have reaped so rich a harvest from the exertions of those who . . . bring to light the buried treasures of the soil."

To show how much this hospital was needed, there are these figures for the ten-week period August 1 to October 11, 1863: Patients discharged as cured 82, died 5, under treatment for scurvy and dysentery 31. These ailments were no doubt a result of deficiencies in the diet of the miners.

The Wakatipu Mail of January 30, 1864, said the hospital was crowded with a number of severe cases. The resources had been heavily taxed, and big inroads had been made into the £1,200 collected from the public and the £2,000 from the Provincial Government (of Otago). An appeal was made for further public support. The Mail said: "It would be an eternal disgrace to a wealthy district like this should the hospital be not ably supported," but the paper added, "its doors, we are afraid, have been only too freely opened to any appeal."

The two hospitals were no doubt essential at one time. Improved communications made one redundant. But it is easier to open a new institution than to close an old one.

The Frankton Hospital was burnt to the ground on December 13, 1894. All the patients were removed safely. Incendiarism was suspected but, apparently, not proved.

The fire gave the board an opportunity of centreing the hospital services of the district at Arrowtown. A report was prepared on what was described as "the receptive capacity" of the Arrow Hospital. This said the hospital had accommodation for 16 patients, about the average number for the two hospitals daily. The board had the power to close hospitals it thought redundant, but the upshot was that the Frankton Hospital was rebuilt.

The inspector-general of hospitals, Dr Valentine, brought this redundancy to the notice of the first board elected directly by the people. At a meeting on May 27, 1910, he spoke of many things and one of them was the cost of the "two small hospitals in the Lakes district." He advised the closing of the Arrow Hospital.

The board did not adopt the suggestion. Instead it decided that both hospitals should be retained, if the Arrow and Queenstown districts each raised £200 a year in donations. The salary of each of the two medical officers was reduced to £200, with right of private practice. Representative citizens on behalf of each district promised that the best possible efforts would be made to raise £200 per annum, but the sum proved too big, and in 1914 the board agreed to reduce it to £150 for each district.

The position was summarised by the chairman of the board, A. F. Hawke, at a meeting in April, 1915. He said the two hospitals had been retained because of "certain local feeling between Queenstown and Arrowtown," but he doubted if it was in the best interests of the district. He quoted figures to show that each patient treated at either of the Lakes hospitals cost on an average £13 a head, compared with only £8 a head at the Gore Hospital. He thought this confirmed his opinion, that it would be to the advantage of the residents of the Lakes district, and of the ratepayers in the board's district generally, if there could be a centrally situated hospital, properly staffed. The throwing open of the main roads in the Lakes county to motor traffic and the opening of the Lower Shotover bridge had made communications much easier.

Shortly after this the board decided to close the Arrow Hospital. The Frankton Hospital was favoured because it had better equipment and buildings, and was more centrally situated.

Inevitably the reaction in Arrowtown was unfavourable. The people of the town and district wanted to send a deputation to the board to show why the hospital should not be closed. The board replied that the journey would be fruitless. The decision to have one hospital for the Lakes district had been taken after careful and mature consideration, and with the approval of the department. The question could not be reopened. So Arrowtown had to bow to the inevitable.

But a deputation waited on the board, nevertheless, and asked that the hospital buildings and doctor's residence be handed over to the residents of the district, who would form a trust to look after them. Then after the war a doctor might be obtained for the district, and there would be a house for him. The board assured the deputation that it had no intention of selling the buildings, but neither was it prepared to give up possession just then.

The Arrow Hospital was closed on November 12, 1915, after the patients had been transferred to Frankton. The following year, at the suggestion of the Arrowtown Borough Council, the board decided to offer the hospital buildings as a convalescent home for sick and wounded returned soldiers. The Government did not accept the offer, and advised the board to sell the buildings to the best advantage.

The board decided to call tenders for the purchase of the buildings, and then altered its decision, when it received a petition signed by 95 residents of Arrowtown and district, asking the board to postpone the sale for at least a year.

A few months later the board, with the consent of the Minister of Health, handed over the buildings to the Arrowtown Borough Council to use them in any way the council thought best in the interests of the town and district.

It is, perhaps, worth recording that in his report on the hospitals of New Zealand for 1887 the inspector-general, Dr. MacGregor, said the Arrowtown Hospital was one of the most comfortable and best managed in the country, but at the time of his visit it had only one patient. The charge to non-subscribers was £1/10/- a week, but most qualified as subscribers on entering the hospital, and thus escaped with a charge of £1. Female patients and children were charged 10/-.

Nursing Staffs

In the early days of hospitals in New Zealand female nurses were few in numbers and this continued for many years after Florence Nightingale had proved that for a dedicated woman there was no higher profession than nursing. The Dee Street Hospital had a matron from its earliest days, but she was not necessarily a trained nurse, and there were times when the hospital was without a matron.

At the annual meeting of subscribers on January 26, 1888, a proposal was made that a female nurse should be appointed. However, the chairman said there were seldom more than three or four female patients at one time in the hospital, and, if there were too many for the matron, she had authority to engage a trained nurse. There were several in the town. The wards were too small to have female nurses in both male and female wards.

This is illuminating. At that time male patients generally outnumbered female by about three to one. It was not regarded as quite proper that female nurses should attend to male patients — there were male nurses for that, not necessarily trained. The trained nurses to whom the chairman referred were probably not very well trained. Any woman could offer her services as a nurse or midwife at that time. She had no need to pass an examination or to be certificated.

This from "Nurse Maude: Her Life and Work", by E. Somers Cocks, refers to the Christchurch Hospital: "For many years the only qualified person within the hospital was the resident surgeon. A master, with no qualifications other than, perhaps, dispensing, was in charge of the management of the hospital, and his wife acted as matron in charge of the nursing and domestic staffs. The nursing staff comprised any women or men willing to undertake the work — they had no qualifications whatever. They were frequently ignorant people with no understanding of the simplest ethics of nursing. It was not until 1881 that the first trained nurse was appointed to the hospital in the position of matron, but, even then, the staff under her were still untrained."

Dr. Lindo Ferguson, recalling conditions in Dunedin Hospital about 1884, said that nursing in the male wards was all done by male nurses, who had had very little training. The staff of female nurses for female patients was under a matron, who had never had any training as a nurse, and the night nurse had not been trained either.

The system of nursing, or lack of it, in the Dunedin Hospital was vigorously attacked by a member of the medical staff. He told the trustees: "At present you have no nursing system whatever, and your male wards have no nursing. It is not upon the individual merits or demerits of your wardsmen that I take my stand. It is your entire system, or want of system, that is at fault. Men, by nature and bringing-up, rarely make competent nurses. Your male wardsmen, as far as I have detected, has not been selected as being specially fitted for the post, but has more often drifted into it from force of circumstances.

More often than not he commences his duties without any special knowledge while he receives no special training, and, worse than all, has no special supervision whatever."

One of the earliest moves to have a trained female nurse appointed to the Southland Hospital was made in 1887, the year of the Golden Jubilee of the accession of Queen Victoria. To mark the occasion, women raised money for what was known as the Queen's Fund to assist worthy causes. In Invercargill the first idea was to use the money to build a maternity ward at the Dee Street Hospital. When this was abandoned, it was suggested that the money might be invested to provide a salary for a female nurse at the hospital; but this was virtually vetoed by the chairman of the board who said such a nurse was not needed.

At a meeting of the Southland Hospital Trust on August 11, 1889, J. Kingsland, in speaking on nursing, said that after what he had seen in Victoria he was strongly in favour of female nurses.

The trust decided that the resident surgeon should be asked to report on the subject in all its bearings, and a sub-committee was appointed to confer with him. Some members objected to this on the ground that there was no accommodation for female nurses at the hospital, and an uncertainty about getting the necessary funds to provide the accommodation.

The sub-committee in its report suggested the appointment of two trained nurses, one of whom should be matron, and of three or four probationers. Female nursing, the report said, was the general rule in the larger hospitals in Australia and New Zealand, with the exception of Dunedin, where, however, the system was being extended. It would probably not be long before Dunedin adopted the system entirely. Its adoption in the Southland Hospital could be justified on the score of economy alone. Under this scale a saving of £110 a year in salaries was expected: Matron £100, nurse £40, four probationers £20 each, cook £60, porter £60, dispenser (part time) £20, secretary £30, rations £160. This was a total of £550, against an existing £660.

In order that there would be more room for patients, the sub-committee recommended that the house surgeon and dispenser, both of whom "lived in", should be single men.

The trustees thought that this, taken in conjunction with a female nursing system, was absurd. "The placing of two single gentlemen over a staff of female nurses would obviously be very absurd, and does not commend itself to the trustees."

The chairman said the employment of single men and buxom maidens would not be conducive to good discipline.

Probably because of these objections, the trust moved slowly and cautiously, and it was not until April 11, 1892, that it decided to dispense with the services of the wardsman and cook and invite applications for the positions of two trained nurses at £45 per annum, and a probationer at £15 for the first year and £25 for the second, a female cook at £50 and a man servant at £65. Four applications were received for the nurses' positions, two from Dunedin, one from Wellington and one from

Christchurch. Miss Curtis (Wellington) and Miss Smith (Christchurch) were appointed. Nine applied for the position of probationer and the only Invercargill applicant, Miss C. E. Brown, was appointed. The other applicants were divided between Dunedin and Wellington.

The chairman reported to the trust on June 12, 1892, that the female nurses were giving every satisfaction and the attention shown to the patients had never been more assiduous.

At a meeting of the trust on August 8, 1892, the house surgeon reported: "Having now had the female nursing staff in full operation for three months and taking into consideration what a radical change was effected, I can confidently state that the results are very good. Everyone has so far worked exceedingly well, and, unless something unforeseen happens, I think the trust are to be congratulated on the benefit it will be to all concerned."

Several members of the committee also expressed themselves as well pleased with the success which had attended the introduction of the new system, and stated that the patients appeared to be thoroughly satisfied with the attention they were receiving.

On November 12, 1894, it was reported that Miss Brown, probationer, had passed a most successful examination before qualified medical examiners, and was entitled to full certification as a nurse. The secretary was instructed to obtain and present her with an appropriate certificate.

Lectures on nursing were started in Invercargill in May, 1895, and they were immediately popular. A room in the High School proved too small and the lectures were then given in the Temperance Hall in Esk Street.

The start with the system of female nurses in the Southland Hospital was auspicious, but in 1895 trouble developed. In his report for that year the inspector-general of hospitals, Dr. MacGregor, said: "At my visit in October, I found the nursing staff in confusion. After inquiry I concluded it was necessary to appoint a matron, who should have charge of the nursing, for certainly one cause of the existing friction was the fact that there was no recognised head. At a meeting with the trustees I pressed the urgency of this reform. I was somewhat surprised later to find that the nurses, who had made very disquieting statements to me, failed, when opportunity was given them by the trust, to give any evidence, and also to find that Mrs McKay was appointed matron without calling outside applications. I made a special visit in April but could find nothing to justify me in objecting to Mrs McKay's appointment. On both occasions I found the hospital in good order."

Two nurses resigned in November, 1895. They claimed that it was not because Mrs McKay had been appointed matron, but because grave complaints they had made about the management of the hospital had been virtually ignored by the trust. But the nurses, when invited to do so, failed to formulate their charges, and it seems their real reason for resigning was the appointment of a colleague as matron.

This did not end the trouble. There were still rumblings and grumblings. In his report for the year ended March 31, 1898, Dr. MacGregor said that, when he inspected the Southland Hospital, "I found the nursing staff in a state of turmoil, and after considering the position I thought it best to reserve the matter for Mrs Neill's consideration. The matters at issue where such as to require a woman's touch to ensure a correct diagnosis. Mrs Neill made a special visit and has written a special report for the board containing suggestions which seem to meet the difficulty. I have come to the conclusion that there is a centre of disturbance in this institution, and I recommend the board to watch it narrowly, and, having once ascertained the facts precisely, they should act with vigour."

This sounds mysterious and it is not clear what was the cause of all the trouble. But Dr. MacGregor was obviously prudent. As a mere man, he knew he would be helpless if he got caught up in an argument between women, so he referred the problem to Mrs Grace Neill, who was a Government inspector of hospitals.

Apparently it was the touch of a woman's hand that provided the cure. In 1900 Dr. MacGregor was able to report of the Southland Hospital: "There is peace at last after the stormy times of the past few years. The whole place is in excellent order, notably the kitchen, and the handsome new wards are a vast improvement upon the old surgical quarters. It is pleasant to visit this hospital."

Although by the end of the century the employment of female nurses was fairly general, the scheme of training was not proving satisfactory. In his report for 1900-01 Dr. MacGregor said a great change had taken place in hospital organisation in New Zealand. Formerly the hospitals were for the most part served by a mixed staff of male and female nurses. Now staffs consisted mainly of female nurses. Nursing had become a distinct profession, but the training was far from satisfactory.

"In many hospitals not only are the probationers not properly taught, but there is a positive tendency, which is encouraged on the score of economy, to have as many probationers as possible, who receive no pay for a period and often no regular instruction," Dr. MacGregor said. "The result is such an output of so-called hospital trained nurses that the profession is nearly swamped by them. They call themselves private nurses, though in many cases they have no certificates and could not pass any kind of examination. They know nothing about nursing and add a new and very real, as well as costly, terror to illness and death."

But the nursing profession in New Zealand was on the eve of a change. A Registration Act for nurses, the first of its kind in the world, was passed by the New Zealand Parliament in 1901.

Under this, probationary nurses were required to train for three years, to undertake a course of instruction laid down by the Health Department, and to qualify for registration by passing a State examination.

Nursing was thus given a professional status, and, as a result, a better class of woman was attracted to its ranks. Florence Nightingale was at last ousting Mrs Gamp in New Zealand.

The setting of nursing on a professional basis no doubt stimulated the inflow of recruits. The number embarrassed the Southland Hospital Trust, which decided at a meeting on June 14, 1901, that it could not register the names of any more young women who wanted to be nurses. The South African War, to which New Zealand sent nurses as well as troopers, may also have helped to increase the inflow. Seven nurses were sent from Otago and Southland, including Sister Dora Peiper, who had the distinction of being mentioned by Kitchener in his final dispatches. She had come from Christchurch as a probationer to the Southland Hospital. During the war she went to London as one of the nurses on a troopship, and while there took maternity training. On her return to New Zealand she became a sister in the Southland Hospital and was appointed matron of the Auckland Hospital in 1910.

Remuneration became a problem. Boards were inclined to regard nurses as noble young women whose only desire was to serve without thought of financial reward, a useful theory from the angle of economy. No doubt there are such women, but nurses are human beings and they always have before them the example of the doctors who expect — and rightly so — to be adequately paid for their services.

In spite of low salaries — as they seem now — there continued to be no lack of recruits for the nursing profession. At a meeting on September 9, 1909, the board received 23 applications from girls who wished to be probationers. Five were selected. At this time one of the nurses in the Dee Street Hospital was a Maori girl from Napier. On completion of her three years' training she returned to the North Island to work among her own people.

Dr. MacGregor was inclined to be critical of nurses. In his report for 1905-06 he said he had observed of late "an increasing tendency for nurses to wear dangling chains, numerous brooches, rings, etc. Then consider the cap. It originated with the idea of covering the head. Does it do so now? The nurse's cap has shrunk into a small piece of starched linen crowning an edifice of pads and loose hair. The matrons are wrong in permitting this, and the surgeon, who is properly particular about the scrubbing of hands and arms, becomes inconsistent when he submits to untidy heads of hair in the wards and operating rooms."

Though the trust did not overpay its nurses it valued their services. At its final meeting on March 14, 1910, one member became sentimental on the subject. He recalled that, when he had been a patient in the hospital 23 years before, there had been three wardsmen and no nurses. "Now there are gentle nurses in attendance and the patients receive every kindness and attention," he said.

The first district nurse was appointed by the board on April 8, 1909. This was done at the suggestion of Dr. Valintine, who thought that Stewart Island was a good place to give the district nurse scheme a fair trial. The salary was fixed at £150 a year, the residents of the Island, the board and the Health Department to contribute £50 each. Nurse Somerville was appointed.

The following year Nurse Searell was appointed district nurse for charitable cases in Southland. Her salary was £100 a year, and she had a free telephone and travelling expenses. She was accepted for service with the New Zealand armed services in 1915.

On July 9, 1914, salaries of sisters in the Gore and Southland Hospitals were fixed at £60 first year, £70 second, £80 third, £90 fourth and £100 fifth and maximum.

The First World War (1914-18), like the South African War, stimulated in many young women a desire to become nurses, and the Southland Board was rather overwhelmed with applications from would-be trainees. In July, 1917, a special committee reported to the board that four, whose names were on the waiting list, had been advised that, because of the large number of applicants, they would be better to look for other employment. It was, perhaps, a nice way of telling them they were rated unsuitable. The board could pick and choose. Four other applicants, who seemed suitable to the committee but were too young, were advised it would be some time before their applications were considered.

The influenza epidemic, which swept New Zealand towards the end of 1918, had repercussions, one being letters to the editor alleging that nurses were poorly paid and were obliged to work unduly long hours. The chairman of the Southland Board, Fleming, said in a reply that probationer nurses at the Southland Hospital were paid £20 for the first year with board, lodging, laundry, medical and nursing attention when sick, equal to, at least, another £65 or £70 a year. They received an increase of £10 a year for each year of their three years' training. Hours of duty were normally eight a day and about 50 a week, leaving the rest of the time for study, rest and recreation. They had three weeks holiday a year. Staff nurses received £60 a year with annual increases of £10, and sisters £80, also with £10 increases. Staff nurses and sisters worked about nine hours a day and had four weeks holiday.

Fleming added: "The one great blot on the Dominion nursing services is the fact that no scheme of superannuation for nurses has yet been evolved. Nurses are anxious to contribute to some fund that will ensure for them the necessary provision for their declining years, and hospital boards, I feel sure, recognise the importance of subsidising such schemes, but individually they can do nothing. It requires the department to take up the matter and give whatever scheme is evolved the necessary support to make it financially strong. If the Education Department can provide a superannuation scheme for the school teachers of the Dominion, surely it is possible for a similar scheme to be put into working operation for the nursing profession."

The board decided to urge the Government to establish a superannuation scheme for nurses. Twenty-three other hospital boards in New Zealand supported the proposal, which eventually became a reality.

Towards the end of 1920 pay and conditions for nurses were improved on the recommendation of the Department of Health. The salaries of probationers were retained at £30, £40 and £50, but salaries of staff nurses were increased from £65 to £80 for the first year, £65 to £90 second year, sisters £90 to £110 first year, £100 to £120 second year, £110 to £130 third year, assistant matron £120 to £130 first year, £130 to £140 second year. Each member of the nursing staff had a uniform allowance of £5 a year, and was provided with board and lodging.

laundry service and medical attendance, estimated to equal about £90 a year. A six-day week and three weeks annual holiday were other concessions.

The Southland Times in a leading article commended the increases as "the bare minimum demanded by justice," and suggested that the supply of nurses was not equal to the demand because office work offered better pay and hours; domestic servants could get 25/- to 30/- a week or even more. They had far more time to themselves and enjoyed conditions that were not even dreamed of 15 years before. "If domestic servants can command £65 a year and board and free evenings, nurses are surely entitled to higher pay," The Times said. The improvements were "nothing more than bare justice, and the only astonishing thing about the affair is that we have had to wait until 1920 to see them projected into the hospital system."

The nurses in the Southland Hospital for a number of years worked a 12-hour day. The eight-hour day was introduced to some New Zealand hospitals in 1901, but it was three or four years after that before the Southland nurses had the benefit of reduced hours. The eight-hour day worked satisfactorily in the Southland Hospital, according to Miss J. Ewart, the matron.

The sisters about this time were apparently on duty for nine hours and on broken shift — 7 a.m. to 2 p.m. and 5 p.m. to 7 p.m. One of the sisters had always to remain in the hospital throughout the afternoon in case there was a call on her services. No night sisters were employed. In the event of an emergency, the day sisters were called back on duty.

Since the days immediately after the First World War there have been further improvements in the pay and work conditions of nurses. There has been some criticism of this. Higher pay and shorter hours are said to have killed the spirit of vocation and devotion to duty that should animate nurses. Little evidence can be found to support this. Nursing still attracts a type of young women who feel they have a call to serve humanity in this way. The nurses of today are inspired by the same spirit as those of the past, and are, perhaps, better equipped for their work. No doubt exceptions can be quoted, but it is unfair to judge the great majority by the few. The spirit of Florence Nightingale lives on, and it is interesting to recall that she believed nursing should be a well-paid profession.

It may have been as a result of the war taking away so many male doctors, that on July 13, 1915, the Hospital Board appointed a woman doctor as assistant medical officer in the Southland Hospital — Dr. Irene Woodhouse. The only applicant for the position, she was a graduate of Otago University and after graduation was in charge, in a relieving capacity, of the Otago Board's sanatorium at Palmerston. She later had charge of Stratford Hospital. She resigned from her position at the Southland Hospital in March, 1919.

Mrs Sophia Jane Walker, who died on January 7, 1955, aged 81, was the first woman member of the board. Her first husband was Peter Cruickshank, and it was as Mrs Cruickshank that she was elected to the board, as one of the Invercargill borough members, in April, 1917.

As the number of nurses employed in the Dee Street Hospital increased the question of their accommodation became more insistent. For many years they lived in the hospital. This was not in the best interests of the nurses and it meant, too, that they were occupying rooms that could well have been used by patients. Moreover, the trust found it impossible to increase the number of nurses — though no doubt there was work for them — because there was no accommodation.

The suggestion was made that a nurses' home should be erected as a memorial to the troopers who had fallen in the South African War, but it is doubtful if this was ever seriously entertained.

A deputation from the trust discussed the building of the home with the board in September, 1906. The estimated cost was £3,000 and the trust had £1,650 in hand. The board was asked to find the balance, £1,350, but only half would have to come from the ratepayers, the other half would be provided by the Government by way of subsidy.

The home was to be erected at the "blind end of Gala Street where the cottage stood", the board was informed. It was to have 19 bedrooms, a large sitting room and a large dining room. Women engaged in the arduous task of nursing were entitled to reasonably comfortable accommodation, the board was told. The trust thought it was making provision for several years ahead, but they were to prove fewer than it had reckoned. The board approved the scheme though one member, by way of mild protest, said the ratepayers "were squealing at the high rates."

The home was opened towards the end of 1907. The Total Abstinence Society had given a generous donation towards the cost, and, in recognition, a brass plate was placed in the home with this inscription: "The building of this home for the nursing staff of the Southland Hospital was rendered practicable by a handsome donation from the Invercargill Total Abstinence Society, which society was founded by the late D. Bonthron."

By the middle of 1911 the home was already too small. The nursing staff numbered 20 and that was all the home could accommodate with any comfort. There was delay in enlarging the home and the old position was reached of nurses occupying accommodation in the hospital that should have been used for patients. By 1915 the position had become so acute that, in spite of the war, it was decided to add to the home and nearly double the accommodation. The cost was £2,248. The extra accommodation was ready by May, 1916.

